

Rockingham County Department Of Fire and Rescue
Fire Marshal's Office
20 East Gay Street, Suite A
Harrisonburg, Virginia 22802
Office: (540) 564-3175 Fax: (540) 437-0596
Email: firemarshalsoffice@rockinghamcountyva.gov



Annual Explosives Storage Permit Application

Permit application must be submitted at least thirty days prior to expiration of the current permit

Company Information:

Company: _____ Phone: _____

Billing Address: _____

Physical Address: _____

City/State/Zip: _____ Federal I.D. Number: _____

Physical Address of Magazine: _____

Emergency Contact Information:

Name: _____ Daytime Phone Number: _____

After Hours Phone Number: _____

Cell Phone Number: _____

Name: _____ Daytime Phone Number: _____

After Hours Phone Number: _____

Cell Phone Number: _____

Applicant Information:

Note: Sections 107.2 And 5601.2 Of The Rockingham County Fire Prevention Code Allows Only Those Persons Certified As Blasters Or Who Have Been Issued A Background Clearance Card, In Accordance With Sections 5601.4.1 And 5601.2.3.1.1 Respectively To Apply For A Permit To Use Explosives. Person's In-Charge Shall Not Be Under The Influence Of Alcohol Or Drugs Which Impair Sensory Or Motor Skills.

Applicant's Name: _____

Phone Number: _____

Driver's License State & Number: _____

Virginia Certification Number: _____

Have You Ever Been Convicted Of A Felony? Yes No

If Yes, Have Your Voting Rights Been Restored? Yes No

Additional Attachments

The Following Items Shall Be Provided As Attachments To This Application:

- Certificate Of Public Liability Insurance With A Minimum Coverage Amount Of \$1,000,000.00 And Rockingham County As An Additional Insured.
- Copy Of Applicants Unrestricted Blasters Card Or Applicants Background Clearance Card.
- Application Fee In The Amount Of \$160.00.

Storage Magazine Information (Use Additional Page(s) If Needed:

Magazine For Detonators:

Type Magazine: 1 2 3 4 5 Other/Explain: _____

Serial Number Of Magazine: _____

Maximum Storage Capacity Of Magazine: _____

Maximum Number Of Detonators To Be Stored: _____

Type Of Detonators To Be Stored: _____

Dot Classification Of Detonators: _____

Magazine Barricaded? Yes No

Distance In Feet To Nearest Inhabited Structure: _____

Distance In Feet From Nearest Magazine: _____

Magazine For Explosives:

Type Magazine: 1 2 3 4 5 Other/Explain: _____

Serial Number Of Magazine: _____

Maximum Storage Capacity Of Magazine: _____

Maximum Number/Type Of Explosives To Be Stored: _____

Type Of Explosive Materials To Be Stored: _____

DOT Classification Of Explosives: _____

Magazine Barricaded? Yes No

Distance In Feet From Nearest Inhabited Structure: _____

Distance In Feet From Nearest Magazine: _____

I Certify The Above Information Is Correct To The Best Of My Knowledge. I Acknowledge And Agree To Comply With All Requirements Of The Rockingham County Fire Prevention Code And Any Other Applicable Requirements.

Signature of Applicant: _____ **Date:** _____