

HOOKSETT FIRE RESCUE DEPARTMENT

15 LEGENDS DRIVE - HOOKSETT, NEW HAMPSHIRE 03106

PHONE: (603) 623-7272

FAX: (603) 626-6742



ANNUAL BLASTING PERMIT

Company: _____ Date Requested: _____

Company Address: _____

Contact Person: _____ Phone#: _____

Fee: **\$225.00** Enclosed: Yes: _____ No: _____ Check#: _____

*Please make check payable to: **Town of Hooksett, NH***

Current Certificate of Insurance on File: Yes: _____ No: _____ * Attach if not on file

Expiration Date of Certificate of Insurance: _____

Submit this completed form, along with payment, to Hooksett Fire Rescue Department at the address listed above. Permits will be considered **active once signed and dated by HFR Representative below. Permits requested by mail will be returned to the blasting company by mail once Certificate of Insurance is confirmed.

*****BELOW TO BE COMPLETED BY HOOKSETT FIRE-RESCUE DEPT.*****

Issued By: _____

Date Issued: _____

PERMIT EXPIRES 1 YEAR FROM DATE ISSUED