

HOOKSETT FIRE RESCUE DEPARTMENT

15 LEGENDS DRIVE
HOOKSETT, New Hampshire 03106
Phone: (603) 623-7272 Fax: (603) 626-6742



SITE PERMIT FOR BLASTING

Company: _____ Date Requested: _____

Company Address: _____

Town/State/Zip: _____ Phone: _____

Name of Blaster: _____ Phone: _____

Location of Blasting: _____

N.H. License Certificate #: _____ Copy of License Attached: _____

Date License Expires: _____

Copy of Current Insurance Certificate MUST be on File at Fire Department

Effective Date of Policy: _____ Date Expires: _____

NOTE: 24-hour blasting notification shall be made both 24 HOURS before and ONE HOUR before blasting via email to the Fire Department at: blasting@hooksettfire.org, in accordance with SAF-C 1607.04(c). (Refer to Hooksett Blasting Operations Guidelines for more information.)

BELOW TO BE COMPLETED BY HOOKSETT FIRE-RESCUE DEPT.

Issued By: _____ Date Issued: _____

This permit can be revoked by the Hooksett Fire-Rescue Department at any time.