



**Claremont Fire Department
Fire Prevention Office**

100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-7012
Fax: (603) 542-7028
Email: cfdcode@claremonth.com

FIRE PREVENTION - EXPLOSIVES APPLICATION AND PERMIT

Date Issued _____ Expiration Date _____ Permit # _____

Applicant Applicant's Phone

Applicant's Address City & State Zip

Site Name Street Address

Property Owner Property Owner's Phone

Property Owner's Address City & State Zip

Explosives Storage: On Site _____ or Transported Daily _____

Please attach the following information to this application for approval:

Certificate of Insurance _____

Certificate of Competency _____

Bill of Lading _____

Scope of Work _____

Written Safety Plan _____

Land Abutter Notification _____

STATEMENT

I HEREBY ACKNOWLEDGE THAT, I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT AND THAT I AM THE OWNER, OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE FIRE PREVENTION CODE. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT CONSTITUTE A PERMIT AND IS NOT A LICENSE.

Printed Name

Signature

Title

DO NOT WRITE BELOW THIS LINE

Comments _____

Approved _____ Disapproved _____ Reason for Disapproval _____

Fire Chief Notification _____ Planning & Zoning Notification _____
(date) (date)

Fire Official - Printed Name

Signature