



BLASTING PERMIT

(Bylaw No. 4144, 1993)

Permit Number: _____

Date of Issue: _____

Insurance Policy No: _____

Name of Insurer: _____

Policy Expiry Date: _____

This permit authorizes _____ to carry on
(Name of blaster doing work and blasting cert. no.)

blasting operations on behalf of _____ within the
(Contractor or Owner)
limits of the property hereinafter described:

Street Address: _____

Legal Description: _____

Other Description: _____

For a period of not more than twenty eight (28) calendar days from the date of issue and in accordance with the Port Alberni Blasting Bylaw No. 4144 and any amending bylaws.

Purpose of blasting: _____

(Signature of Blaster)

(City Engineer)

Fee: **\$50.00** payable at City Hall