

# **BLASTING APPROVAL PERMIT CHECKLIST**

## **Complete These Forms**

- ST. LOUIS COUNTY/MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION
- ST. LOUIS COUNTY/MUNICIPAL ZONING APPROVAL FOR BLASTING PERMIT

## **Present These Documents**

- Certificate of liability insurance in the minimum amount of \$3.0 million dollars for injury to persons and property resulting from the blasting operations.
- Five\* (5) copies of site plan that:
  - Is drawn to scale (example: 1"=30'-0") and the scale indicated on site plan
  - Shows a north arrow
  - Shows the shape of the parcel and the parcel dimensions
  - Shows the street names abutting the parcel
  - Shows the exact blasting site

## **Pay These Fees** (due prior to processing)

- \$20 per location

## **Next Step**

Once approved by the City of Fenton, pick up signed document and submit to St. Louis County for permits.

### **Note:**

Applicant shall notify the Fenton Fire Protection District, 845 Gregory Lane, 636-343-4188 before blasting.

# ST. LOUIS COUNTY / MUNICIPAL ZONING APPROVAL FOR PERMIT APPLICATION

|                            |                   |
|----------------------------|-------------------|
| Application Date: _____    | Permit No.: _____ |
| Dep \$ _____ Fee \$ _____  | Total: _____      |
| Payment Method: _____      |                   |
| Deposit Refund Date: _____ |                   |

**CITY OF FENTON, 625 New Smizer Mill Road, Fenton, MO 63026**

**PLEASE PRINT**

**PROJECT INFORMATION:**

Parcel Address: \_\_\_\_\_ Locator # \_\_\_\_\_  
 Project Address \_\_\_\_\_  
 Tenant Name: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Property Owner Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Prop. Owner Phone No.:* \_\_\_\_\_

Applicant Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Applicant Phone No.:* \_\_\_\_\_  
*Applicant Email:* \_\_\_\_\_

**Municipal and St. Louis County Approval:**

\_\_\_\_\_ New Construction      \_\_\_\_\_ Retaining Wall  
 \_\_\_\_\_ Additions            \_\_\_\_\_ Occupancy  
 \_\_\_\_\_ Land Disturbance    \_\_\_\_\_ Swimming Pool  
 \_\_\_\_\_ Sign Permit            \_\_\_\_\_ Demolition  
 \_\_\_\_\_ Interior Finish/Remodel    \_\_\_\_\_ Other: \_\_\_\_\_

**Municipal Approval Only:**

\_\_\_\_\_ Parking Lots  
 \_\_\_\_\_ Excavation  
 \_\_\_\_\_ Clearing  
 \_\_\_\_\_ Other: \_\_\_\_\_

Is this project located in a Floodplain?      No: \_\_\_\_\_ Yes: \_\_\_\_\_ Rating: \_\_\_\_\_

Value of construction: \$ \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_

\* I certify that I am the Property Owner/Agent for the owner and/or otherwise authorized to perform this work.

Note: Applicants for building permits must submit this form with four (4) copies of the site plan approved, signed and dated by the municipal official at the time the building permit application is submitted to St. Louis County, Department of Public Works.

|                                       |           |               |
|---------------------------------------|-----------|---------------|
| Zoning Classification:                | Approved: | Not approved: |
| Comments:                             |           |               |
| Zoning Signature:                     |           | Date:         |
| <i>Community Development Director</i> |           |               |

ST. LOUIS COUNTY PERMIT APPLICATION NUMBER: \_\_\_\_\_

**ST. LOUIS COUNTY MUNICIPAL ZONING APPROVAL FOR  
BLASTING PERMIT**

TO: Department of Public Works  
Code Enforcement Division  
St. Louis County Government Center  
41 South Central  
Clayton, MO 63105

**FEE: \$20 PER LOCATION**  
Permit No. \_\_\_\_\_  
Fee \_\_\_\_\_  
Payment \_\_\_\_\_  
Date \_\_\_\_\_

**FROM: CITY OF FENTON, 625 New Smizer Mill Road, Fenton, MO 63026**

APPLICANT \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Print Name)  
BUSINESS NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_

AMOUNT OF COVERAGE \$ \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
**Attach certificate of liability insurance in the minimum amount of \$3.0 million dollars for injury to persons and property resulting from the blasting operations.**

|                             |                      |
|-----------------------------|----------------------|
| <b>BLASTER INFORMATION:</b> |                      |
| NAME OF BLASTER _____       | LICENSE NUMBER _____ |
| ADDRESS _____               | AGE: _____           |
| PLACE OF BUSINESS _____     | OCCUPATION _____     |

GENERAL CONTRACTOR \_\_\_\_\_

ADDRESS OF GENERAL CONTRACTOR \_\_\_\_\_

SUBDIVISION/PROJECT NAME \_\_\_\_\_

ADDRESS OF BLASTING SITE \_\_\_\_\_

START DATE & TIME \_\_\_\_\_ ESTIMATED COMPLETION DATE \_\_\_\_\_

TYPE OF MATERIAL USED FOR BLASTING \_\_\_\_\_

ESTIMATED NUMBER AND LOCATION OF CHARGES (Please provide a map indicating actual locations of charges) \_\_\_\_\_

MANNER IN WHICH THE MATERIAL IS TO BE DETONATED \_\_\_\_\_

REASON FOR BLASTING \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

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**For Office Use:**  
ZONING CLASSIFICATION(S): \_\_\_\_\_

ZONING SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Community Development Director

- 1. Provide and indicate on a map showing the exact blasting site.**
- 2. Applicant shall notify the Fenton Fire Protection District before blasting.**
- 3. Blasting permit must be obtained from St. Louis County and must be in compliance with all applicable St. Louis County Ordinances.**

**ST. LOUIS COUNTY PUBLIC WORKS PERMIT OFFICES**

**CLAYTON OFFICE  
41 SOUTH CENTRAL AVENUE  
ST. LOUIS, MO 63105  
314-615-5184**

**NORTH SATELLITE OFFICE\*  
NORTHWEST CROSSING  
715 NORTHWEST PLAZA DRIVE  
ST. ANN, MO 63074  
314-615-7304**

**SOUTH SATELLITE OFFICE\*  
4554 LEMAY FERRY ROAD  
KELLER PLAZA  
ST. LOUIS, MO 63129  
314-615-4076**

**WEST SATELLITE OFFICE\*  
74 CLARKSON WILSON CENTRE  
CLARKSON WILSON CENTRE  
CHESTERFIELD, MO 63017  
314-615-0902**

**Your application may be submitted at any of the above locations.**

**\*Excluding PAC projects**