

TOWN OF HUDSON

FIRE DEPARTMENT – INSPECTIONAL SERVICES DIVISION

12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6005 • Fax: 603-594-1142

BLASTING AND EXPLOSIVES PERMIT APPLICATION

Applicant Name:	_ Cell Phone #:	
State of NH Certificate of Competency #:	Expiration Date:	
Company Name:		
Mailing Address:		
Office Phone #: Fax Ph	none #:	
Person in charge of/or supervising the use of explosives	3:	
State of NH Certificate of Competency #:	Expiration Date:	
Insurance Company:		
Authorized to do business in the State of NH: Y / N		
Certificate of Insurance Attached: Y / N EffectiveExpires		
Mailing Address:		
Office Phone #: Fax Ph	none #:	
NOTE: Please attach a copy of the following:		
\square State of New Hampshire License to Use, Purchase & Transport Explosives		
☐ State of New Hampshire Certificate of Competency		
☐ Certificate of Insurance		
☐ Landowner Permission Letter		
Permits will be processed once	copies are received.	
Signature of Applicant	Application Date	

Fees:

Blasting Permit - \$175.00 Explosive (Initial Fee) - \$100.00 Fireworks Permit - \$50.00



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BLASTING AND EXPLOSIVE LICENSE CHECKLIST

Applicant Name: _____ Company Name: _____

The following checklist has been created using Chapter 202 of the Hudson Town Code as a g	guide to
assist both the Hudson Fire Department and the blaster in the application process for a l	olasting
permit in the Town of Hudson. The blaster has also been provided with a complete copy of G	Chapter
202 of the Hudson Town Code that outlines the requirements of the Town of Hudson con	cerning
blasting operations.	
It is important to note that the blaster has an obligation to read and comply with all the pro-	ovisions
as set forth by the Town of Hudson concerning blasting operations. The blaster must also no	
this article is intended to supplement the existing federal and state laws and regulations con	cerning
blasting and the use of explosives.	
A Hudson Fire Department Representative will review all items noted below wi	th the
applicant. Applicant to initial in the box to the right of each statement to signify that	t it has
been reviewed and confirmed with them.	
1. Does the applicant possess a license from the State of NH to use, purchase and	
transport explosive materials? Y / N Expiration Date:	
2. Does the applicant possess a State of NH certificate of competency to conduct blasting	
operations? Y / N Expiration Date:	
3. Does the applicant possess a certificate of insurance showing the minimum coverage	
of \$1,000,000 for bodily injury and \$500,000 for property damage by a carrier	
authorized by the State of New Hampshire Insurance Commissioner to do business	
in New Hampshire with the insurance certificate stating that the insurance company	
is authorized to do business in the State of New Hampshire?	
Y / N Expiration Date:	
Note: The blasting permit expiration date will be no later than the expiration	
date of the blaster's insurance certificate.	

4.	4. Did the applicant provide written permission from the owner of the land on which the explosives will occur for the Fire Chief to inspect the land during the period of the permit and until 20 days after the expiration of the permit? Y / N Expiration Date:				
5.	5. All applications for blasting operations must be received by the Hudson Fire Chief at least 10 days prior to the estimated start date of the blasting operations.				
6.	6. Is there a need to have a pre-blast survey completed on any property prior to the start date of blasting operations? Y / N If yes, note address(s) here:				
7.	7. A copy of all licenses to deal in explosive materials and the current blasting permit shall be kept available for inspection at each blasting location.				
8.	8. The holder of the permit to use explosive materials shall make a record of all operations within the Town of Hudson and retain them for a period of 5 years. Such records shall be made available to the Hudson Fire Chief at any time during this period of time upon request.				
9.	All persons holding a blasting permit shall make a daily record to include the following information:				
	a. Date, time and place of each blast				
	b. The amounts of explosive material fired in each blast				
	c. Results of seismographic test, which shall also be retained for a period of 5 years.				
10	In the event of any theft or loss of explosive materials, the persons issued the blasting permit shall notify the Hudson Fire Chief at 603-886-6021 and the Hudson Police Chief at 603-886-6011 immediately.				
11.	When blasting operations are performed, precautions shall be exercised to prevent damage and to minimize earth vibrations, air blast and thrown fragments.				
12.	Notification of intent to conduct blasting operations shall be published in a local daily newspaper at least 3 consecutive days prior to the start date of the blasting. Said notification shall also be published in the local weekly newspaper at least once prior to the start date of the blasting. Notification shall include the area of operations and the name of the company responsible for the blasting operations.				

13. Persons intending to conduct blasting operations within the Town of Hudson shall notify the Hudson Police Chief in writing 24 hours prior to the start of blasting.				
14. The blaster shall notify the Hudson Fire Department dispatcher no less than 30 minutes prior to the start of each blast at (603) 886-6021.				
15. What method of notification (signaling) will be used prior operations?	to the start of blasting			
16. The persons that have been issued the blasting permit a damage that may be incurred due to the blasting operations the Town of Hudson. If the blaster or blasting company doe resolving any complaint received by the Hudson Fire Departr operations, the Hudson Fire Chief may direct the suspension blasting operations conducted by the blaster in the Town of Figure 1.	s that are conducted in s not fully cooperate in ment as a result of their on or termination of all			
Signature of Blasting/Explosive Applicant	Date			
Signature of Hudson Fire Department Representative	Date			
Signature of Hudson Fire Department Fire Chief	Date			
Copies Attached:				
\square State of New Hampshire License to Use, Purchase & Tran	sport Explosives			
☐ State of New Hampshire Certificate of Competency				
☐ Certificate of Insurance				
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BLASTING REPORT

Blast Location:			Grid #:	
Property Owner: _				
Blasting Contracto	or:			
Blaster:				
Date of Blast:				
Total Lbs:			# of Holes:	
Video Taped:	Yes	No	Location:	
Seismic Reading:	Yes	No	Location:	
Wind Speed:			Direction:	
Notes/Problems:				
Reported By:			Date:	