



COUNTY OF APPOMATTOX
Department of Community Development
Post Office Box 787
Appomattox, Virginia 24522

APPLICATION FOR ANNUAL PERMIT TO STORE EXPLOSIVES

Name/Company: _____

Mailing Address: _____

Phone #: _____

Physical address of applicant (if different from above): _____

F.I.D. (Federal Identification Number): _____

Name and SSN of person submitting application (**PRINT**): _____

SSN: _____

Have you ever been convicted of a felony? (circle one) YES NO
If yes, have your voting rights been restored? (circle one) YES NO

If yes, when restored? (**REQUIRED**) MO _____ DAY _____ YEAR

The storage of explosive under the permit being applied for will occur within the jurisdictional boundaries of: (circle one)

Appomattox County

Town of Appomattox

Physical address or location of magazine (Attach map if necessary): _____

(see back of page)

MAGAZINE INFORMATION

Separate magazines are required for explosives and detonators. This single application may be used for both magazine used for explosives and the magazine used for detonators, if they are stored at the same time.

Magazine for explosives	Magazine for Detonators
IME Type magazine (Type 1, 2, 3, 4, or 5)	IME Type magazine (Type 1, 2, 3, 4, or 5)
Serial number of magazine	Serial number of magazine
Maximum storage capacity of magazine	Maximum storage capacity of magazine
Maximum amount of explosives to be stored in magazine	Maximum amount of explosives to be stored in magazine
Type of explosive material to be stored	Type of explosive material to be stored
DOT classification of explosives	DOT classification of explosives
Magazine barricaded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Magazine barricaded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance (In Feet) from nearest inhabited building	Distance (In Feet) from nearest inhabited building
Distance (In Feet) from nearest magazine	Distance (In Feet) from nearest magazine

By my signature below, I certify the above information is correct. Furthermore, I acknowledge and agree to comply with all storage requirements of the Virginia Statewide Fire Prevention Code.

Signature of person named on line 7: _____ Date: _____

Submit completed application accompanied by the required fee of \$ 0.00 per application in a check or money order payable to **Appomattox County**.

Application must include Certificate of Liability Insurance and a photocopy of a Blaster's Certification Card or Background Clearance Card.