



**APPLICATION FOR
BLASTING AND THE USE OF EXPLOSIVES IN COLLIER COUNTY**
Ordinance No.04-55, Article One, Section 55-1 thru 55-18

PETITION NO (AR)
PROJECT NAME
PROJECT NUMBER
DATE PROCESSED
ASSIGNED PLANNER

To be completed by staff

Above to be completed by Staff

GENERAL INFORMATION

Check which type of Blasting you are applying for:

- Lake (Excavation Permit No. _____) Utilities Renewal
 Miscellaneous/Describe: _____

Project Name: _____

Location: _____

Section: _____ Township: _____ Range: _____

REVIEWER INFORMATION

Purpose of Blasting: _____

Distance to neighboring properties: _____

Dept of Holes: _____ Size of Holes: _____ Est. Total # of Holes: _____

Number of holes to shoot each day: _____ LBS. to be shot per delay: _____

Type of ignition device to be utilized: _____



CONTACT INFORMATION

DEVELOPER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL # _____ FAX # _____

E-Mail Address: _____

BLASTING COMPANY _____

USER/BLASTER _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL # _____ FAX # _____

E-MAIL ADDRESS: _____

SEISMOLOGIST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL # _____ FAX # _____

I have read Ordinance No.04-55, Article One, Section 55-1 thru 55-18 and agree to conduct all Blasting Activities in accordance to this Ordinance.

User/Blaster Signature

Please see Resolution 98-465 for further explanation of the below checklist also attach the checklist and the materials must accompany this petition, and deliver or mail to:

**Growth Management Services –Planning and Regulation
Business Center
2800 North Horseshoe Dr.
Naples, Florida 34104**



REQUIRED FEES

<input type="checkbox"/> 30 day permit fee, non refundable, payable upon application	\$250.00
<input type="checkbox"/> 90 day permit fee, non-refundable, payable upon application	\$600.00
<input type="checkbox"/> Yearly permit fee, non-refundable, payable upon application.	\$1500.00
<input type="checkbox"/> Renewal permit fee, non-refundable, payable upon application.	\$200.00
<input type="checkbox"/> After-the-fact fee, due to blasting without the benefit of permit.	\$10,000.00
<input type="checkbox"/> Fine fee, per detonated shot with after-the-fact permit.	\$200.00
<input type="checkbox"/> Handler fee, for handler who assists the user or blaster in the use of explosives.	\$100.00
In addition to the blasting permit application fee, a blasting inspection fee shall be paid upon issuance of a blasting permit	
<input type="checkbox"/> Inspection Fee per inspection trip	\$200.00
Total number of inspections _____ Total \$ _____	
The fees shall be based on the estimated number of blast/inspections per permit duration. (This number may be adjusted based on the actual number of inspections occurring within the duration of the permit.)	

CHECK Total \$ _____

REQUIRED CHECKLIST ITEMS

The following must be submitted in order to be deemed sufficient

- Application Fees
- Addressing Checklist
- Authorization to blast from owner. See attachment
- Authorization from Owner for County employees to conduct Inspections
- Site Plan Showing the intended blasting locations
- Up to date User of Explosives information. File to include current documents for the issuance, Licenses, Photos and Fingerprint Cards, which will be retained by Collier County

ADDRESSING CHECKLIST

Please complete the following and submit to the Addressing Section for Review. Not all items will apply to every project. Items in **bold type** are required.

1. Legal description of **subject property or properties** (copy of lengthy description may be attached)

2. Folio (Property ID) number(s) of **above** (attach to, or associate with, legal description if more than one)

3. Street address or addresses (as applicable, if already assigned)

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4. **Location map**, showing exact location of project/site in relation to nearest public road right-of-way (attach)

5. Copy of survey (NEEDED ONLY FOR UNPLATTED PROPERTIES)

6. Proposed project name (if applicable)

7. **Proposed** Street names (if applicable)

8. Site Development Plan Number (FOR EXISTING PROJECTS/SITES ONLY) SDP _____ -

9. **Petition Type** – (Complete a separate Addressing Checklist for each Petition Type)

- SDP (Site Development Plan) PPL (Plans & Plat Review)
- SDPA (SDP Amendment) PSP (Preliminary Subdivision Plat)
- SDPI (SDP Insubstantial Change) FP (Final Plat)
- SIP (Site Improvement Plan) LLA (Lot Line Adjustment)
- SIPA (SIP Amendment) BL (Blasting Permit)
- SNR (Street Name Change) ROW (Right-of-Way Permit)
- Vegetation/Exotic (Veg. Removal Permits) EXP (Excavation Permit)
- Land Use Petition (Variance, Conditional Use, Boat Dock Ext., Rezone, PUD rezone, etc.) VRSFP (Veg. Removal & Site Fill Permit)
- Other - Describe: _____ LS (Lot Split)

10. Project or development names proposed for, or already appearing in, condominium documents (if applicable; indicate whether proposed or existing) _____

11. Please Check One: Checklist is to be Faxed Back Personally Picked Up

12. Applicant Name _____ Phone _____ Fax _____

13. **Signature on Addressing Checklist does not constitute Project and/or Street Name approval and is subject to further review by the Addressing Section.**

FOR STAFF USE ONLY

PRIMARY NUMBER _____

Address Number _____

Address Number _____

Address Number _____

Approved by _____ Date _____



AUTHORIZATION FOR REPRESENTATION

Owner/Petitioner

Address

City/State/Zip

Telephone/Email Address

I, _____, the undersigned owner/petitioner of the aforementioned property, hereby authorize the following Agent/Company to represent me for a Petition for Early Work permit. I also hereby give authorization to the County to be onsite.

Signature of Owner /Petitioner

Date

Printed Name

Title

Name/Title

Company

Address

City/State/Zip

Telephone/Email Address