

Cherokee County Fire Marshal Office

Blasting Permit Application

FireRMS Number _____

(FOR OFFICE USE ONLY)

(PLEASE PRINT CLEARLY)

PROJECT NAME _____ **Pr or PL #** _____

SHOPPING CENTER / COMPLEX NAME: _____

ADDRESS: _____

STE# _____ CITY: _____ ZIP CODE: _____

CROSS STREET _____

OWNER: _____

CONTACT NAME: _____ PHONE: (_____) _____

ADDRESS: _____

CITY: _____ ZIP CODE _____ FAX # -(____) _____

EMAIL ADDRESS: _____

CONTRACTOR: _____

CONTACT NAME: _____ PHONE: (_____) _____

ADDRESS: _____

CITY: _____ ZIP CODE _____ FAX # (____) _____

EMAIL ADDRESS: _____

Please submit with application

1. Federal license (Level III Competency Card)
2. State Fire Marshal Permit
3. Certificate of Insurance
4. Location map and directions
5. Fee of \$200.00 (Can be given to the inspector on site)

FIRE MARSHAL'S OFFICE

DATE RECEIVED _____ (office use only)

Mailing Address:

1130 Bluffs Parkway
Canton, Georgia 30114
Fax 678-493-6111
Email: afann@cherokeega.com