City Engineer Brian DeFrang, P.E.
Phone: (507) 457-8269
Fax: (507) 452-1239
E-mail: BDeFrang@ci.winona.mn.us

CITY OF WINONA
QUARRY BLASTING
PERMIT APPLICATION
OFFICE: 507-457-8269, FAX: 507-452-1239
EMAIL: mmarxhausen@ci.winona.mn.us

A permit application fee shall accompany this permit. Applicant acknowledges familiarity with the Rules and Regulations of the City of Winona Blasting Ordinance. An electronic fill-in form is on our website: www.cityofwinona-mn.com/departments/publicworks/engineering

Blasting Applicant:

Company/Individual _____
Contact Person _____
Mailing Address _____
City/State/Zip _____
E-Mail _____
Office Phone _____
Mobile Phone _____

Property Owner:

Company/Individual _____
Contact Person _____
Mailing Address _____
City/State/Zip _____
E-Mail _____
Office Phone _____
Mobile Phone _____

Blasting Contractor:

Company/Individual _____
Contact Person _____
Mailing Address _____
City/State/Zip _____
E-Mail _____
Office Phone _____
Mobile Phone _____

SEND TO: City of Winona, City Engineer Brian DeFrang, 207 Lafayette St. PO Box 378, Winona, MN 55987
NOTE: The BLASTER and APPLICANT assumes all responsibility for compliance with permit conditions.

_____ _____
Signature of Applicant *Date* *Signature of Contractor* *Date*

☐ Enclosed Packet Bound Report Titled "Blast Plan" to include all items in section 63.20 (d) items 1-8

☐ Local Requirements-Includes all items in Section 63.25

The permittee is responsible for complying with Section 63 of the City Code as a condition of this permit.

Start of Project _____ Estimated Completion Time _____

Received by:_____ Date: _____

☐ Approved
☐ Denied, Reason (s): _____
☐ Waived, Reason (s):_____

Signed: _____ Date: _____

-PERMIT FEES-
Blasting Permit…….$500.00
Payment:
Cash Check Credit Card Debit Card
(Master Card or Visa is accepted)

Permit #: _____ Total Cost $_____

Receipt #: _____