



FOR CAP USE ONLY	
CAWCD #	
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**BLASTING NEAR CAP PERMIT APPLICATION**  
 Send the completed application package to:

Central Arizona Project  
 Lands Department  
 23636 N. 7<sup>th</sup> Street  
 Phoenix, AZ 85024

Phone: (623) 869-2555  
 Fax: (623) 869-2249  
 Email: [2555@cap-az.com](mailto:2555@cap-az.com)  
 Web: [www.cap-az.com](http://www.cap-az.com)

*Providing all requested information will help speed up processing*

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Name of Jurisdictional Authority: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Blaster-In-Charge: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT'S DESIGNATED CONTACT INFORMATION**

Safety Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Environmental Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name for Official Notices: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Finance/Acct/Billing Contact: \_\_\_\_\_ Project #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



**PLAN OF BLASTING**

*CAWCD requires an applicant to submit a general description of the proposed project as part of the land use application. The Plan of Development shall adhere to CAWCD's Guidelines for Crossings.*

**Project:** \_\_\_\_\_

**PROJECT INFORMATION & FACILITY DESIGN FACTORS**

*\*Refer to CAP's CAWCD Guidelines for Blasting Manual for blasting requirements. It can be found at <https://www.cap-az.com/land-use/CAWCD-Blasting-Guidelines.pdf>*

**Project description - Describe type of facility (facilities) to be built:**  
\_\_\_\_\_

**Project location (Nearest Cross Streets):**  
\_\_\_\_\_

**Closest anticipated blast proximity from CAP Infrastructure (ft):**  
\_\_\_\_\_

**Max Charge/Delay (Maximum pounds of explosives per 8 milliseconds) (lb):**  
\_\_\_\_\_

**Is there a geotechnical study being completed as part of this project?**     Yes     No  
If yes, please include the report with your submittal.

**Approximate acreage of blasting site:**  
\_\_\_\_\_

**What is the anticipated start date, end date of blasting activities?**

**Start:** \_\_\_\_\_    **End:** \_\_\_\_\_    **Duration:** \_\_\_\_\_

**IMPACTS TO CAP FACILITIES**

**Will this project be within 1/2 mile of CAP Right-of-Way?**     Yes     No

**Will this project be within 1/4 mile of CAP Right-of-Way?**     Yes     No

**Will this project be within 300 feet of CAP Right-of-Way?**     Yes     No

**What type of explosive will be used?**  
\_\_\_\_\_

**Are any CAP structures, buildings, or bridges near the blasting area?**  
 Yes     No    If yes, give a brief description: \_\_\_\_\_

**Will geotechnical exploration be required on CAP property?**     Yes     No     Unsure

**Are there ancillary facilities i.e. storage/staging areas needed on CAP property?**     Yes     No     Unsure



**GOVERNMENT AGENCIES**

Have you received a permit from the local municipality?  Yes  No

If so, which one? \_\_\_\_\_

Will other permitting be needed from other State or Federal agencies? \_\_\_\_\_

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List anticipated conflicts with resources or public health and safety? \_\_\_\_\_

Will this project be located in the CAP green-up area?  Yes  No

Will a pre and post dive be required?  Yes  No

Will an archaeological survey be required?  Yes  No

Will this project be located in the vicinity of CAP's Reach 11 dike?  Yes  No

Will this project require flow measurement\*?  Yes  No

Will maintenance access be interrupted?  Yes  No

Are any checkdams in the vicinity?  Yes  No

Will the CAP have access to the construction site?  Yes  No

Safety and security measures needed for CAP?  Yes  No

What is the expected resultant Maximum PPV per the Blasting Plan? \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS APPLICATION**

- General Blasting Plan (may submit concept plans).
- Scalable location file (may be PDF or KMZ file). Indicate the project area and CAP Boundaries on plans.
- Geotechnical Report
- Blasting Safety Plan
- Permit on file with local municipality
- Proof of Insurance
- Seismograph Calibration Certificates

The applicant is requesting CAP's review of this application and agrees to pay all administrative costs for CAP's research, meetings, inspection, appraisal, processing, preparation of land use documents, and any other CAP activities related to the applicant's project.

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_