



DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal – Bureau of Fire Prevention

Pre-Permit Construction Mining Inspection Report

I. CONTACT INFORMATION

Applicant Name: _____ Phone Number: _____

Address: _____

Responsible Person: _____ Phone Number: _____

II. MINE INFORMATION

Mine Name: _____ County: _____

Physical Location: _____

Date Information Sent: _____ Date Information Received: _____

☐ Passed

☐ Failed

Inspector Signature: _____ Date: _____

Responsible Person Signature: _____ Date: _____

Return all original documents with any attachments to the Regulatory Licensing Section.

**DEPARTMENT OF FINANCIAL SERVICES***Division of State Fire Marshal – Bureau of Fire Prevention***Pre-Permit Construction Mining Inspection Report**

REQUIREMENT		YES	NO
1.	Upon physical inspection of the proposed mining area, does the aerial photograph provide an accurate representation of the mining area and boundaries?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Upon physical inspection of the proposed mining property, does the map provide an accurate representation of the property lines and land owned or controlled by the applicant?	<input type="checkbox"/>	<input type="checkbox"/>

MAP		YES	NO
Does the map provide accurate representations of the following:			
•	North arrow	<input type="checkbox"/>	<input type="checkbox"/>
•	Scale	<input type="checkbox"/>	<input type="checkbox"/>
•	Identify streets	<input type="checkbox"/>	<input type="checkbox"/>
•	Utility lines	<input type="checkbox"/>	<input type="checkbox"/>
•	Water courses	<input type="checkbox"/>	<input type="checkbox"/>
•	Rights of way	<input type="checkbox"/>	<input type="checkbox"/>
•	Easements	<input type="checkbox"/>	<input type="checkbox"/>
•	Structures within one mile of the proposed blast site	<input type="checkbox"/>	<input type="checkbox"/>
•	Proposed blast sites	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
