



NOTICE OF PLANNED USE OF EXPLOSIVE
Miami-Dade Pilot Program

Instructions

This form is to be completed by a person or company engaged in commercial mining of limestone and sand suitable for production of construction aggregates, sand, cement, and road base materials, planning to use an explosive for such construction materials mining activities in Miami-Dade County. This form must be electronically submitted through the Department of Financial Service’s Mine Activity Clearinghouse website, which is available at <https://mineactivityclearinghouse.myfloridacfo.gov>. In the event that the Mine Activity Clearinghouse is unavailable, this form must be submitted by email to mineactivityclearinghouse@myfloridacfo.com.

Information provided on this report will not be reviewed by State Fire Marshal staff prior to publication on the clearinghouse website. PLEASE DO NOT REPORT ANY INFORMATION THAT IS TRADE SECRET OR CONFIDENTIAL WITHOUT PROPER REDACTIONS.

Name of User of Explosives: _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

Name of Blaster: _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

Permit No.: _____ Issue Date: _____ Expiration Date: _____

Details of Planned Use of Explosive:

Date of Planned Use of Explosive: _____ 3-Hour Detonation Time Window: From: _____ To: _____
 The time indicated “To” must be exactly three hours after time indicated “From.”

Location of Planned Use of Explosive (i.e. global positioning satellite coordinates): _____

Property 911 Address: _____ City/State/Zip: _____

Local 911 Dispatch # for property: _____

Local Authority Having Jurisdiction: _____

Is this a notification of a modification of a previously noticed detonation: Yes No

If yes, please provide the following information from the prior notice: Date prior notice submitted: _____

Original Date and Time Window of Previously Scheduled Detonation: _____

Original Location, if different, of Previously Scheduled Detonation: _____

Name & Title of person completing this form (please print)

Date

Signature