

OKLAHOMA NON-MINING BLASTING PERMIT APPLICATION

CONTROLLED DEMOLITION, INC.

POSTED FROM

07/18/2025 to 08/01/2025

State of Oklahoma Department of Mines 2915 N. Classen Blvd., Ste. 213 Oklahoma City, OK 73106 Phone: (405) 427-3859

The Oklahoma Explosives and Blasting Regulation Act **REQUEST FOR NON-MINING BLASTING PERMIT**

In accordance with Title 63 O.S (1995) Section 123.1 et. Seq.

ODM Receipt #

Check #

	3360	77800
DATE: July 17, 2025		
PERMIT TYPE:		
One Time Limited Time	✓ Continuous Blast	ing Operations
If this is for renewal of a current blasting permit	, list your permit number	. <u>N/A</u>
CORPORATION/BUSINESS NAME_ CONT	ROLLED DEMOL	ITION, INC.
P.O. BOX 306	HOENIX MD	21131
Mailing Address (Street, R.F.D., Box No.)	City State	Zip
13401 STILL HAVEN COURT	, PHOENIX, MC	21131
Physical Address of Business (Location wh	ere blasting records are h	reld for review)
52-0730521 410-667-6610	410-667-6	624
Federal Tax ID# Business Teleph	one Number Fa	x Number

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none"). PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED. PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.

RECEIVED

JUL 18 2025

DEPT. OF MINES

IDENTIFICATION OF INTERESTS: In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

1. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

JOHN MARK LOIZEAUX	13411 STILL HAVEN CT	PHOENIX	MD	21131	PRESIDENT
Name	Address	City	State	Zip	Position
RAYMOND D. ZUKOWSKI	13401 STILL HAVEN CT	PHOENIX	MD	21131	VICE PRESIDENT
Name	Address	City	State	Zip	Position
ADRIENNE L. GRANT	13402 STILL HAVEN CT	PHOENIX	MD	21131	CORP SECRETARY
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position

COMPLIANCE INFORMATION

460:25-5-6

1.	Has the applicant for the permit, or any subsidiary, affiliate or by or under control of the permit	ommon control
wit	th the applicant had a suspended or revoked permit in the last five (5) years?	Yes ✓ No

2. If the answer to the above question was yes, applicant should provide the following information:

460:25-5-6(2)(A)

Permit Identification #______N/A ______Date of Issuance _____N/A

460:25-5-6(2)(B)

What is the current status of the permit involved? N/A



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460:25-5-6 (2)(C)

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

N/A

N/A

N/A

Date

Location

Type

460:25-5-6(2)(D)

What is the current status of these proceedings?

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N/A

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PLEASE ATTACH COPIES OF THE FOLLOWING:

- Copy of current Blasters Certificates
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-6)
- Proof of Liability Insurance (460:25-11-3)

VERIFICATION OF BLASTING PERMIT APPLICATION

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

> Signature of an Official of the Company J. Mark Loizeaux, President

> > Title of Official

ATTEST:

Subscribed and sworn to before me this 17th day of July 20 25

Carol & Glogt
Notary Public

My Commission Expires:

November 13, 2028

State of Oklahoma Department of Mines 2915 N. Classen Blvd., Ste. 213 Oklahoma City, OK 73106 Phone: (405) 427-3859

CERTIFIED BLASTERS* FOR INFORMATIONAL PURPOSES ONLY 1 8 2025

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OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

BLASTER'S STATE CERTIFICATION NUMBER:	NM 25-006
ISSUED DATE: 05/23/2025	EXPIRATION DATE: 05/31/2027
	Doud, III Telephone Number: 410-336-0856
BLASTER'S STATE CERTIFICATION NUMBER:	
ISSUED DATE:	EXPIRATION DATE:
Name of Certified Blaster:	Telephone Number:
BLASTER'S STATE CERTIFICATION NUMBER:	
	EXPIRATION DATE:
Name of Certified Blaster:	Telephone Number:
BLASTER'S STATE CERTIFICATION NUMBER:	
ISSUED DATE:	EXPIRATION DATE:
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BLASTER'S STATE CERTIFICATION NUMBER:	
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Name of Certified Blaster:	Telephone Number:
BLASTER'S STATE CERTIFICATION NUMBER:	
ISSUED DATE:	EXPIRATION DATE:
Name of Certified Blaster:	Telephone Number:



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State of Oklahoma

Non-Mining

Blaster Certificate

Thomas Jefferson Doud III has successfully completed the requirements of a Non-Mining Certified Blaster and is duly registered with the Oklahoma Department of Mines. This certifies that

Dated this 23rd day of May 2025



O.S. Title 63, Section 123.1 et/seq. Director, Oklahoma Department of Mines surper of odernes

Certificate Expiration Date: 5/31/2027



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Afther J. Sallagher Risk Management Services, LLC 300 Madison Avenue, 28th Floor New York RV 10017 **Month of the Control of the Co	If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights	t to tl	he te	rms and conditions of th	e polic	y, certain po	olicies may			
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New York NY 10017 Address	Arthur J. Gallagher Risk Management Services, LLC			PHONE (A/C, No			FAX (A/C, No):	212-99	4-7047		
Majure M						ADDRES	ss: moira_im	perial@ajg.c	om		
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	2915 North Classen Blvd., Suite 213			AUTHORIZED REPRESENTATIVE							

AGENCY CUSTOMER ID:	
LOC #:	



Arthur J. Gallagher Risk Management Services, Inc.

ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Controlled Demolition, Inc.

Page ___ of __

POLICY NUMBER			PO Box 306 Phoenix MD 21131
CARRIER		NAIC CODE	THOCHX WID 21101
			EFFECTIVE DATE:
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS F	FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: F	FORM TITLE:		
PROJECT NAME:	Oklahoma City Fairground	s Coliseum R	Roof (aka Jim Norick Arena)
LOCATION:	Oklahoma City, Oklahoma		
CDI PROJECT #:	22-198		
CERTIFICATE HOLDER:	PERMIT-ISSUING AGENC Oklahoma Department of M 2915 North Classen Blvd., S Oklahoma City, Oklahoma	Mines Suite 213	
PROJECT DURATION:	3rd / 4th Quarter of 2025		
GENERAL LIABILITY LIMITS:	\$2 Million		
AUTO LIABILITY LIMITS:	\$1 Million including MCS-90 Endorsement		
PROJECT DESCRIPTION:		on ring of the	o sever the suspended roof cable coupling rods around the inside e Oklahoma City Coliseum Roof to fell that portion of the sives charges.
CONTRACT VALUE:	\$219,820		
ADDITIONAL INSUREDS:	PERMIT-ISSUING AGEN Oklahoma Department of 2915 North Classen Blvd., 3 Oklahoma City, Oklahoma	Mines Suite 213	
EXPOSURES	It is understood that there structure	e are no imp	provements or utilities to remain in or under the fall path of the

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d 1	AGEN	CY CUSTOMER ID:	
ACORD®	ADDITIONAL REMA	LOC #:	Page of
AGENCY Arthur J. Gallagher Risk Manage POLICY NUMBER CARRIER	ement Services, Inc.	NAMED INSURED Controlled Demolition, Inc. PO Box 306 Phoenix, Maryland 21131	
	FORM IS A SCHEDULE TO ACORD FORM,	PEFFECTIVE BATE.	
SPECIAL WORDING:	definitions and exclusions as respects of coverage in CDI's Proposal for the CDI's liability and any additionally in limits/type of insurance CDI is paid to arrives at the site, after CDI leaves the Proposal for the project, actions arising	ditionally insured, pursuant to and subjec CDI's sole contractual obligations, except	osses above/outside the ions arising before CDI er parties under CDI's ons and/or actions

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