



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.

Check # 3360	ODM Receipt # 77800
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DATE: July 17, 2025

PERMIT TYPE:

☐ One Time ☐ Limited Time ☒ Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: N/A

CORPORATION/BUSINESS NAME CONTROLLED DEMOLITION, INC.

P.O. BOX 306 PHOENIX MD 21131

Mailing Address (Street, R.F.D., Box No.) City State Zip

13401 STILL HAVEN COURT, PHOENIX, MD 21131

Physical Address of Business (Location where blasting records are held for review)

52-0730521

410-667-6610

410-667-6624

Federal Tax ID#

Business Telephone Number

Fax 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.

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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
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RAYMOND D. ZUKOWSKI 13401 STILL HAVEN CT PHOENIX MD 21131 VICE PRESIDENT

Name	Address	City	State	Zip	Position
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ADRIENNE L. GRANT 13402 STILL HAVEN CT PHOENIX MD 21131 CORP SECRETARY

Name	Address	City	State	Zip	Position
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Name	Address	City	State	Zip	Position
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Name	Address	City	State	Zip	Position
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COMPLIANCE INFORMATION

460:25-5-6

1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with 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?

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:

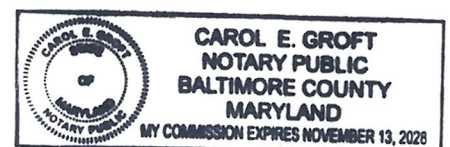
Subscribed and sworn to before me this 17th day of July 2025

Notary Public

My Commission Expires:

November 13, 2028

Updated 9/2023



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

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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
Name of Certified Blaster: Thomas Jefferson 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: _____
ISSUED DATE: _____ EXPIRATION DATE: _____
Name of Certified Blaster: _____ Telephone Number: _____

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ISSUED DATE: _____ EXPIRATION DATE: _____
Name of Certified Blaster: _____ Telephone Number: _____

***A current certification is required to conduct blasting.**

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No. NM 25-006



State of Oklahoma

Non-Mining Blaster Certificate

This certifies that **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.

Dated this 23rd day of May 2025



Suzanne M. Rodenry
Director, Oklahoma Department of Mines
O.S. Title 63, Section 123.1 et seq.

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 Madison Avenue, 28th Floor New York NY 10017	CONTACT NAME: Moira Imperial PHONE (A/C, No, Ext): 212-994-7100 E-MAIL: moira_imperial@ajg.com ADDRESS: moira_imperial@ajg.com	FAX (A/C, No): 212-994-7047
License#: BR-724491 CONTDEM-01	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Controlled Demolition, Inc. PO Box 306 Phoenix, MD 21131	INSURER A : Allied World Surplus Lines Insurance Company	24319
	INSURER B : Allied World Insurance Company	22730
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 475351955

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Ded. \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			6004-0664	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Gen Agg Cap Limit \$ 10,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6000-1066	6/20/2025	6/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Attached.

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CERTIFICATE HOLDER**CANCELLATION**

Oklahoma Department of Mines 2915 North Classen Blvd., Suite 213 Oklahoma City OK 73106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**

Page ____ of ____

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Controlled Demolition, Inc.	
POLICY NUMBER		PO Box 306 Phoenix MD 21131	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: _____ FORM TITLE: _____**

PROJECT NAME:	Oklahoma City Fairgrounds Coliseum Roof (aka Jim Norick Arena)
LOCATION:	Oklahoma City, Oklahoma
CDI PROJECT #:	22-198
CERTIFICATE HOLDER:	<u>PERMIT-ISSUING AGENCY</u> Oklahoma Department of Mines 2915 North Classen Blvd., Suite 213 Oklahoma City, Oklahoma 73106
PROJECT DURATION:	3rd / 4th Quarter of 2025
GENERAL LIABILITY LIMITS:	\$2 Million
AUTO LIABILITY LIMITS:	\$1 Million including MCS-90 Endorsement
PROJECT DESCRIPTION:	Explosives felling of the Coliseum roof to sever the suspended roof cable coupling rods around the inside perimeter of the compression ring of the Oklahoma City Coliseum Roof to fell that portion of the suspended roof system isolated by explosives charges.
CONTRACT VALUE:	\$219,820
ADDITIONAL INSURED:	<u>PERMIT-ISSUING AGENCY</u> Oklahoma Department of Mines 2915 North Classen Blvd., Suite 213 Oklahoma City, Oklahoma 73106
EXPOSURES	It is understood that there are no improvements or utilities to remain in or under the fall path of the structure

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Controlled Demolition, Inc.	
POLICY NUMBER		PO Box 306 Phoenix, Maryland 21131	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

_____ FORM TITLE: _____

SPECIAL WORDING:

Blasting operations/blaster liability is covered

The party listed above is named as additionally insured, pursuant to and subject to policy terms, conditions, definitions and exclusions as respects CDI's sole contractual obligations, except as respects any exclusions of coverage in CDI's Proposal for the project.

CDI's liability and any additionally insured status will not extend to claims or losses above/outside the limits/type of insurance CDI is paid to provide on this project, arising from actions arising before CDI arrives at the site, after CDI leaves the site, arising from actions assigned to other parties under CDI's Proposal for the project, actions arising outside CDI's sole contractual obligations and/or actions undertaken at the site for which CDI has not been specifically assigned responsibility in the Proposal for the project.

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