



SCARBOROUGH FIRE DEPARTMENT
 259 U. S. ROUTE ONE, PO BOX 360 SCARBOROUGH ME 04070-0340
 PHONE 207-730-4040 FAX 207-730-4046
 SUBMITTALS@SCARBOROUGHMAINE.ORG
 SCARBOROUGHMAINE.ORG



APPLICATION FOR BLASTING PERMIT
 APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

NAME OF APPLICANT: _____ TEL: _____
 MAILING ADDRESS: _____
 CITY/TOWN: _____ STATE: _____ ZIP: _____

BLASTING SITE INFORMATION

NAME OF PROJECT/OWNER: _____
 PROPERTY ADDRESS: _____
 SPECIFIC LOCATION: _____
 CONTACT PERSON WHO KNOWS WHERE THE FIRING POINT WILL BE: _____
 TELEPHONE NUMBERS: _____

THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED SITE DIAGRAM.

Including:

1. COPY OF TAX MAP WITH LOTS IDENTIFIED
2. MAP INDICATING STRUCTURE LOCATIONS IN REFERENCE TO BLAST LOCATION
3. COPY OF LIABILITY INSURANCE WITH 2,000,000 MINIMUM COVERAGE
4. PRE-BLAST SURVEY INCLUDING ALL ABUTTERS AND RESIDENCES WITHIN A 500 FOOT RADIUS.

BY SIGNING THE APPLICANT ATTESTS ALL BLASTING WILL BE CARRIED OUT IN ACCORDANCE WITH NFPA 495 EXPLOSIVE MATERIALS CODE AND ALL OTHER APPLICABLE STANDARDS AND LAWS. THE APPLICANT IS RESPONSIBLE FOR ANY BLASTING RELATED DAMAGES THAT MIGHT OCCUR AS A RESULT OF BLASTING ACTIVITIES UNDERTAKEN. THIS PERMIT IS REVOCABLE AT ANY TIME IF IT IS FOUND THAT BLASTING IS BEING CONDUCTED IN VIOLATION OF APPLICABLE LAWS, RULES, AND STANDARDS OR IN A MANNER UNSAFE OR UNSUITABLE AS DETERMINED BY THE FIRE CHIEF OR HIS DESIGNEE. THE APPLICANTS SIGNATURE ON THIS FORM CONSTITUTES AN UNDERSTANDING AND ACCEPTANCE OF THESE TERMS.

PRINTED NAME OF APPLICANT: _____

(SIGNATURE AND TITLE OF APPLICANT)

BLASTING INFORMATION

NAME OF LICENSED TECHNICIAN: _____ CITY/TOWN: _____ STATE: _____ TELEPHONE: _____ DATE OF BLAST: _____ TIME OF BLAST: _____ <input type="checkbox"/> ABUTTERS & UTILITIES NOTIFIED ESTIMATED NUMBER OF BLASTS: _____ EST. CUBIC YARDS TO BE REMOVED: _____	<input type="checkbox"/> STATE FIRE MARSHAL'S PERMIT FOR EXPLOSIVES USER RECEIVED _____ NOTES:
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↓ **SCARBOROUGH FIRE DEPARTMENT USE ONLY** ↓

APPLICATION REC'D:	INSPECTED:	PERMIT FEE PAID:	PERMIT ISSUED:	NOTES:
DATE:	DATE:	DATE:	DATE:	
BY:	BY:	AMOUNT:	BY:	

Map/Lot: _____

Application # _____

Permit # _____