



Waterville Fire Department
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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: |

↓ WATERVILLE 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# _____