

4 MAIN STREET
FREEPORT, ME 04032
PH: (207) 865-3421
FAX: (207) 865-2858

TOWN OF FREEPORT FIRE DEPARTMENT



DATE RECEIVED: _____

APPLICATION FOR BLASTING PERMIT

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

APPLICANT NAME: _____ PHONE: _____ EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: _____ EMAIL: _____

BLASTING SITE INFORMATION

NAME OF PROJECT/OWNER: _____

PROPERTY ADDRESS: _____

CONTACT PERSON WHO KNOWS WHERE THE FIRING POINT WILL BE: _____

TELEPHONE NUMBERS: _____

THIS APPLICATION SHALL INCLUDE THE FOLLOWING MATERIALS:

1. COPY OF TAX MAP WITH LOTS IDENTIFIED
2. SCALED MAP WITH BLASTING LOCATION(S) AND ALL STRUCTURES WITHIN 500 FEET OF THE PROPERTY LINE OF THE PROPERTY CONTAINING THE BLAST AREA
3. PRE-BLAST SURVEY IN ACCORDANCE WITH SECTION 4. 4.4
4. ABUTTERS LIST CONTAINING OWNER AND MAILING ADDRESS OF ALL PROPERTIES WITHIN 500 FEET
5. COPY OF NOTICE SENT TO ABUTTERS
6. COPY OF LIABILITY INSURANCE WITH 2,000,000 MINIMUM COVERAGE

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, INCLUDING the Town of Freeport Chapter 63 Blasting Ordinance. 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: _____
ESTIMATED NUMBER OF BLASTS: _____
EST. CUBIC YARDS TO BE REMOVED: _____

☐ STATE FIRE MARSHALL PERMIT FOR
EXPLOSIVES USERS RECEIVED
☐ ABUTTERS & UTILITIES NOTIFIED

NOTES:

FREEPORT FIRE DEPARTMENT USE ONLY

INSPECTION DATE:	PERMIT FEE PAID:	PERMIT ISSUED:	NOTES:
	DATE:		
BY:	AMOUNT:	DATE:	