

MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ ZONE \_\_\_\_\_ PERMIT No. \_\_\_\_\_

**TOWN OF OGUNQUIT**  
**BLASTING PERMIT APPLICATION**  
(See Blasting Ordinance)

**DATE APPLICATION RECEIVED**

**Property Address:**

**Owners Name:**

**PHONE**

**Mailing Address**

**CONTRACTOR**

**PHONE**

**ADDRESS:**

**CELL PHONE**

**STATE OF MAINE CONTRACTORS LICENSE NO**

**REQUIRED ITEMS / INFORMATION TO BE SUBMITTED WITH APPLICATION**

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FOR OFFICIAL USE ONLY

PERMIT VALID FROM \_\_\_\_\_ VALID UNTIL \_\_\_\_\_

**Permit Fee \$150.00**

ALL BLASTING AND BLASTING RELATED ACTIVITIES WILL BE CARRIED OUT IN ACCORDANCE WITH THE OGUNQUIT ZONING ORDINANCE, STATE OF MAINE STATUTES, RULES AND REGULATIONS OF THE OFFICE OF THE STATE FIRE MARSHAL. THE APPLICANT IS RESPONSIBLE FOR ANY BLASTING RELATED DAMAGES THAT MAY OCCUR AS A RESULT OF BLASTING ACTIVITIES UNDERTAKEN. THIS PERMIT MAY BE REVOKED AT ANY TIME IF IT IS FOUND THAT BLASTING IS BEING CONDUCTED IN VIOLATION OF ANY LAWS, RULES, OR IN ANY MANNER IS FOUND TO BE UNSAFE OR UNSTABLE AS DETERMINED BY THE CODE ENFORCEMENT OFFICER OR HIS DESIGNEE. THE APPLICANT'S SIGNATURE ON THIS FORM CONSTITUTES AN UNDERSTANDING AND ACCEPTANCE OF THESE TERMS.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Code Enforcement Officer**

\_\_\_\_\_  
**Applicant's Name (Type or Print)**

\_\_\_\_\_  
**CEO'S Name (Type or Print)**

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_