



## **Blasting Permit Application**

### **Town of Kennebunkport**

Permit # \_\_\_\_\_ Fee **\$100.00**

6 Elm Street Kennebunkport, ME 04046

Phone 207)967-4243 Fax: 967-8470

www.kennebunkportme.gov

Date issued \_\_\_\_\_ By \_\_\_\_\_

For: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_ Shoreland \_\_\_\_\_ RP \_\_\_\_\_

**NOTE: All data fields must be filled for application to be processed. Put N/A in any field that does not apply to this permit.**

### **OWNER DETAILS**

Name: \_\_\_\_\_ Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address/location of Blasting: \_\_\_\_\_

*The Owner agrees to hold harmless and indemnify the Municipality and its employees from any claims, or action arising out of the blasting activity subject to this permit, or any construction or installation, development of the site, inspection of the building plans, site or building associated with said blasting, including claims based on negligence of the Municipality or its employees. I have read, understood and agreed to the above conditions.*

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

### **DETAILS OF ENTITY PERFORMING BLASTING**

Contractor/ Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

License Type & Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

License issued by: \_\_\_\_\_

Name of Person/ people who will carry out blasting: \_\_\_\_\_

License Type & Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Has this person had previous experience with use of explosives? \_\_\_\_\_

*The entity and/ or individuals performing blasting operations agree to hold harmless and indemnify the Municipality and its employees from any claims, or action arising out of the blasting activity subject to this permit, or any construction or installation, development of the site, inspection of the building plans, site or building associated with said blasting, including claims based on negligence of the Municipality or its employees. I*

*have read, understood and agreed to the above conditions. I declare the information provided to be correct, and undertake to comply with all relevant legislation.*

\_\_\_\_\_  
Signature of Applicant/ Contractor

\_\_\_\_\_  
Date

### **PUBLIC RISK INSURANCE POLICY DETAILS**

Name of Insurer:	Name of Insured:
Policy Number:	Expiry date:
Amount of Coverage— Property \$	Bodily Injury \$

### **BLASTING DETAILS**

Dates of proposed blasting	From:	To:
<u>Precise Location</u>		
Maximum size charge:	Detonation:	
Diameter of holes:	Average depth of holes:	
<u>Means of storage on job site:</u>		
Distance to nearest structure(s):	feet.	Structure(s) occupied as:
<u>Type of Cover to be used:</u>		
Projected Cubic Yardage to be displaced:	cu. yd.	

### **TERMS & CONDITIONS**

1. The Blaster shall advise, in writing, all property owners of properties within 500 feet of the blasting location, the expected date, time and duration of blasting operations, and the name, address and telephone number of the contractor performing the blasting. Proof of certified mail notification must be provided to the Code Enforcement Office prior to issuance of the permit. (Canada & international mail use USPS "Certificate of Mailing")
2. Failure of the Blasting Company to provide information concerning notification to affected properties (within 500') will result in revocation of the Permit.
3. The Town of Kennebunkport assumes no responsibility to the Blaster or any other person for damages which may be caused by blasting operations carried out under this permit.
4. If blasting operations are to be carried on in the vicinity of a power line or telephone line, the Blaster must ensure that those companies are notified of the blasting operation prior to undertaking such activity.
5. Ten (10) minutes prior to detonation the Blaster shall visually check the area for pedestrians and shall warn them of the impending blast.

6. An alarm will be sounded one (1) minute and again at 30 seconds prior to detonation.
7. The Blaster shall promptly notify the Town Code Enforcement Office when the job is complete.

*"I certify to the accuracy of the data submitted herein and any attachments hereto of this application. Any blasting operations for which this application is made will be in accordance with the Town of Kennebunkport's Land Use Ordinance Article 6.17 and 25 M.R.S.A. sec 2471 et seq. and State Fire Marshal Rules, Chapter 31 and any other applicable State statutes and regulations."*

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Signature of Applicant

Date

**ATTACH NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 500 FEET OF BLASTING LOCATION ON SEPARATE SHEET, AS WELL AS A MAP WITH HIGHLIGHTED PROPERTIES BEING NOTIFIED.**

**Please attach to this application a site plan of the proposed blasting location, showing a radius of 500' around the site. You may also attach a tax card with the blasting location identified.**