



TOWN OF NORTH YARMOUTH
10 VILLAGE SQUARE ROAD
NORTH YARMOUTH, MAINE 04097
PHONE: (207) 829-3705 X204
FAX: (207) 829-3743
WEBSITE: www.northyarmouth.org

CODE OFFICE HOURS
MONDAY -THURSDAY
8:00 AM - 5:00 PM

BLASTING PERMIT APPLICATION

DATE RECEIVED: _____

APPLICANT: _____ APPLICANT PHONE #: _____

APPLICANT MAILING ADDRESS: _____

APPLICANT EMAIL: _____

PROPERTY OWNER: _____ PROPERTY OWNER #: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER EMAIL: _____

CONTRACTOR: _____ CONTRACTOR PHONE #: _____

CONTRACTOR MAILING ADDRESS: _____

CONTRACTOR LIC #: _____ EXP DATE: _____ EST. COST OF CONSTRUCTION: _____

LOCATION/PROPERTY ADDRESS: _____

TAX MAP & LOT NUMBER: _____

PROJECT DESCRIPTION:

PLEASE INCLUDE THE FOLLOWING ITEMS:

- A COPY OF THE NAMES OF ALL ABUTTERS WITHIN 500 FEET
- CONTRACTOR'S PROOF OF INSURANCE (MUST BE IN THE AMOUNT OF NOT LESS THEN \$1,000.000.00)

THE APPLICANT CERTIFIES THAT THE ABUTTURS WITHIN 500 FEET OF THE SITE HAVE BEEN NOTIFIED OF THE DATE AND APPROXIMATE TIME OF THE ACTIVITY.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE

DATE: _____

CEO SIGNATURE

DATE: _____

CONDITIONS OF APPROVAL: _____

PERMIT NUMBER: _____ **TOTAL FEE AMOUNT: \$75.00** (\$50.00 plus admin fee \$25.00)