

**TOWN OF EDGECOMB**

*BLASTING PERMIT*

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Issued To (Blaster): \_\_\_\_\_ Issue Date: \_\_\_\_\_

Location: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Sub Lot # \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Blasting \_\_\_\_\_

Date: \_\_\_\_\_

Selectboard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TOWN OF EDGECOMB

## BLASTING PERMIT

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Blasting Company		Name of on site individual performing the blasting	
Address			
Mailing Address		Name of Insurer	
City, State Zip		Policy Number	
Phone Number			
Fax Number		General Contractor	
		Address	
Property Owner		City, State Zip	
Address		Phone Number	
City, State Zip		Fax Number	
Phone Number			
		Site Contact	
Type of Explosives			
Purpose of blasting			
Nature and Type of Material to be blasted			

### Blasting Schedule (Dates and Times)

	Date:	Date:	Date:	Date:	Date:
Time					
Time					
Time					
Time					

Please attach the following items: 1) pre-blast survey 2) Pre-blast notification 3) Certificate of liability 4) Any items distributed to people/businesses in area

The notification area and survey area may be modified for each permit. The ordinance outlines the minimum requirements.