

TOWN OF TOPSHAM  
**Blasting**  
PERMIT APPLICATION

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

Site Address: \_\_\_\_\_

Property Use: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**IF:** Blasting has been approved by the Topsham Planning Board; Sign this form and submit with a copy of your Planning Notice of Decision (NOD) to the Code Enforcement Office along with the \$30 fee

**IF:** Blasting will be no more than 300cy, provide the following information, sign, and submit to the Code Enforcement Office along with the \$30 fee

1. Include proof of liability insurance no less than \$1,000,000.00 (One Million Dollars) combined single limit per occurrence

\_\_\_\_\_  
I HERBY CERTIFY THAT: THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND LAWS APPLICABLE TO THIS PROJECT; I AM OR LEGALLY REPRESENT THE OWNER OF THE SUBJECT PROPERTY FOR THE PURPOSE OF OBTAINING THIS PERMIT; I HAVE READ AND UNDERSTAND THE ATTACHED HANDOUT "Building Permit Standard Conditions"

**Applicant Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

- If you would like a copy of the permit, provide email address or mailing address below:

FOR OFFICE USE ONLY

PERMIT #: BL \_\_\_\_\_

- VISION

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

FEE: \$30

Zone: \_\_\_\_\_

APPROVED / DISAPPROVED; CEO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Permit Conditions / Comments