



**Department of Public Safety  
STATE FIRE MARSHAL'S OFFICE**

52 State House Station  
Augusta, ME 04333-0052  
Tel. (207) 626- 3880 Fax: (207) 287-6251



**APPLICATION FOR PERMIT TO STORE EXPLOSIVES**

APPLICANT MUST FILL OUT REQUIRED INFORMATION BELOW  
*FEE \$78.00 FOR EACH MAGAZINE*

**OWNER INFORMATION**

OWNERS NAME: \_\_\_\_\_ USER #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ FAX: \_\_\_\_\_

**MAGAZINE INFORMATION**

CURRENT DECAL #: \_\_\_\_\_ CURRENT PERMIT #: \_\_\_\_\_ ATF DECAL #: \_\_\_\_\_

**TYPE OF MAGAZINE:**  TYPE 1  TYPE 2  TYPE 3  TYPE 4  TYPE 5

**LOCATION OF MAGAZINE:**  INDOOR  OUTDOOR

**MAGAZINE CONSTRUCTION:**  
OVERALL WALL THICKNESS: \_\_\_\_\_  
MATERIALS:  
CONSTRUCTION INTERIOR SURFACING  
WALLS: \_\_\_\_\_  
FLOORS: \_\_\_\_\_  
CEILING: \_\_\_\_\_

**TYPE OF MATERIAL:**

1.1  1.2  1.3  1.4  1.5  AMMONIUM NITRATE  BLACK POWDER  FIREWORKS

**AMOUNT OF MATERIAL TO BE STORED:** \_\_\_\_\_

**DISTANCES:**

PASSENGER RAILWAYS: \_\_\_\_\_ PUBLIC HIGHWAYS: \_\_\_\_\_  
INHABITED BUILDINGS: \_\_\_\_\_ NEAREST MAGAZINE: \_\_\_\_\_

**MAGAZINE LOCATION INFORMATION**

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_  
GENERAL DIRECTIONS: \_\_\_\_\_  
GPS COORDINATES: \_\_\_\_\_

PERMANENT LOCATION  TRUCK MOUNTED  CONSTRUCTION SITE

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NOTES TO APPLICANT: A copy of the owner's user permit must be affixed to the interior of the magazine at all times. Any person having access to the magazine must be familiar with the State adopted rules and regulations pertaining to the use, handling, and storage of explosives. Vegetation shall be removed for the proper distances year round. Magazines shall not be used to carry or store other than that material listed in this application. An accurate inventory sheet shall be maintained at the magazine at all times.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓

PREVIOUS DECAL: \_\_\_\_\_ DECAL ISSUED: \_\_\_\_\_

\$78.00 Fee Rec'd	Sent to Inspector:	Inspected By:	Permit #:	_____ Approved
Date:	Date:	Date:	Date:	_____ Failed Inspection