



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director

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Charles C. Kokoros
Mayor

SANDBLASTING PERMIT APPLICATION

DATE OF APPLICATION: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DAY/HOURS OF OPERATION: _____

ADDRESS OF SITE: _____

OWNER OF SITE (Including Address and Phone Number): _____

1. PROPOSED COMMENCEMENT AND COMPLETION DATES: _____

Please check the nature of work:

Exterior Work _____

Interior Work _____

Brick _____

Metal _____

Granite _____

Other (please specify) _____

2. PROPOSED METHOD OF ABRASIVE BLASTING (e.g., dry, wet): _____

3. PROPOSED TYPE OF ABRASIVE MATERIAL: _____

4. IS THE SURFACE BEING ABRADED OF PAINT: Yes _____ No _____
(IF THE ANSWER TO THIS QUESTION IS YES, YOU MUST ATTACH A CERTIFIED LAB REPORT STATING WHETHER OR NOT THE PAINT/PRIMER ON THE SURFACE CONTAINS "LEAD.")

5. PLEASE INCLUDE A SPECIFIC DESCRIPTION OF THE PURPOSES FOR THE ABRASIVE BLASTING (e.g., structural, beautification):

6. PLEASE INCLUDE A SPECIFIC DETAILED JUSTIFICATION FOR NOT USING SUITABLE ALTERNATIVE METHOD (e.g., high pressure water, chemical wash, power wire brushing):

7. PLEASE INCLUDE A SPECIFIC DESCRIPTION OF THE MEASURES YOU WILL TAKE TO PREVENT THE ESCAPE OF PARTICULATE MATTER INTO THE AMBIENT AIR SPACE:

8. INDICATE TO BOARD OF HEALTH THE MANNER IN WHICH THE WASTE MATERIAL FROM ABRASIVE BLASTING OPERATION WILL BE DISPOSED OF:

* IF PERMIT ISSUED, WORK SHALL NOT BE PERFORMED IF WIND SPEED IS (>) GREATER THAN 10 MPH.

* IF PERMIT ISSUED, SHOULD THIS DEPARTMENT RECEIVE COMPLAINT(S)/CONCERN, INVESTIGATION WOULD BE CONDUCTED ON-SITE AND CONTINUANCE OF PROJECT WORK SHALL BE DETERMINED BY THE BRAINTREE BOARD OF HEALTH.

SIGNATURE OF PERSON FILLING OUT APPLICATION: _____

NOTE: INCOMPLETE APPLICATION WILL RESULT IN DENIAL OF PERMIT.

FILE APPLICATION WITH: BRAINTREE HEALTH DIVISION
CHECK MADE PAYABLE TO: TOWN OF BRAINTREE

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED: _____ **DATE INSPECTED:** _____

APPROVED BY: _____ **PERMIT #(s)** _____