

Blue Hill Healthy Ecosystem Ordinance  
Pesticide Waiver Application Form

Name and contact information of applicant

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Name, contact information and license number of State of Maine certified pesticide applicator (if needed)

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Proposed location(s) of pesticide application(s)

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Rason for requesting to use/application of prohibited pesticide(s)

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Date(s) of proposed pesticide application(s)

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Pesticide name, active ingredient, and EPA Registration Number

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Management plan, including pest identification, copy of notification signage (See Appendix B), application method, amount of pesticide to be applied, and reentry specifications

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Signature of property owner

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Date

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