

PESTICIDE WAIVER APPLICATION



TOWN OF CAPE ELIZABETH

Applicant Information

Name:

Company:

Address:

Phone:

Email:

Property Where Pesticide is to be Applied

Address:

Owner Name:

Owner Phone:

Owner Email:

(If owner and applicant are not the same, please submit written confirmation that owner has granted permission for waiver request.)

Applicator Information

Name or Company (if applicable):

Proposed Product/Chemical to be applied

Name:

Amount:

Proposed Date of application:

Application Procedure/Management Plan:

Pest/Insect/Species to Be Treated

Name:

Description:

Invasive Species? (Yes/No):

Alternative Methods Used and Existing Conditions Remaining:

Please return completed Waiver Application to the Public Works Director via email or U.S. post.
PUBLIC WORKS DIRECTOR: jay.reynolds@capeelizabeth.org
10 Cooper Drive, Cape Elizabeth, ME 04107

STAFF USE ONLY

Approved

Denied

10-day Approval Dates:

Name:

Title:

Signature:

Date:

Criteria for Approval

In order for a waiver to be approved the following must be found to be true through the documentation provided on this form and any supporting documentation.

- A situation that exists which creates a threat to health and safety of the property owner/residents.
- Invasive species pose a threat to the environment which may result in damage of property and/or treatment is needed to prevent damage to infrastructure.
- No alternative methods/materials are possible.
- Impact on abutting properties will be minimized as much as reasonably possible by the applicant.