

## PESTICIDE ORDINANCE WAIVER APPLICATION

Pest Management Advisory Committee (PMAC)

## **APPLICANT INFORMATION**

Applicant Name:
Address:
Email Address:
Telephone Number:
Submission Date:
I am a: ☐ Resident ☐ Landlord ☐ Business ☐ Municipality ☐ Landscape company
Are you a licensed commercial applicator? ☐ Yes ☐ No
REASON FOR REQUESTING THE USE OF A PROHIBITED PESTICIDE  ☐ Is an emergency and threatens the public health and safety ☐ For the control of invasive plants that pose a threat to the environment (For a list of Maine Invasive Plants visit: http://www.maine.gov/dacf/mnap/features/invasive_plants/invsheets.htm) ☐ Required to protect buildings or structures from damage
Please provide a detailed account of the problem you would like to address with the proposed pesticide application. Include photos of the problem/pest and extent of the problem (this may be number of pests or area covered):

Making the right pest identification is important and can be difficult. Resources for pest identification are available at: http://www.maine.gov/dacf/php/gotpests/invasive-pests.htm. NOTE: Applications for poisonous plants such as poison ivy, pests of significant health importance such as ticks and mosquitos, and destructive pests such as carpenter ants and termites are exempted under the ordinance. No waiver is necessary to address these pests.

Photo identifying problem/pest:	Photo showing full extent of the problem:			
What steps did you take to evaluate alternative methods to the proposed pesticide application, including but not limited to, non-pesticide management tactics, minimum risk pesticides, non-synthetic pesticides, and selecting the minimum amount of the least toxic, most effective pesticide necessary.				
PROJECT INFORMATION What are you treating? □ Turf	☐ Shrubs ☐ Trees ☐ Invasive Weeds			
Address of proposed application:				
Please attach a map of the proposed application area (this may be a sketch, however it should be to scale and include property boundaries, structures, and water bodies).				
Is this application within 75ft. of a waterbod	ly? □ Yes □ No			
Proposed pesticide:	· · · · · · · · · · · · · · · · · · ·			
Amount to be applied:				
Method of application: $\Box$ Liquid $\Box$	Granular ☐ Injection/systemic ☐ Cut stem treatment			
Proposed timing(s)/frequency of use:				
Proposed date of application:				

Please provide a detailed management plan for your proposed application, including how you will minimize the impact of this application on abutting properties and, to the maximum extent possible, ensure that the grant of the waiver will not be detrimental to the public's health, safety or welfare.

NOTE: the following	applications ar	e prohibited:
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•	Preemptive applications: the application of pesticides over an entire area  Preemptive applications: the application of pesticides as a measure against something possible, anticipated or feared, i.e., as a preventive or deterrent measure

In order for the waiver to be considered, all of the fields above must be completed. For questions, please contact Ashley Krulik in the Sustainability Office at 207-874-8663.

Completed forms may be emailed to akrulik@portlandmaine.gov, or mailed or delivered to City Hall, 389 Congress Street, Portland, ME 04102.