

TOWN OF IPSWICH
APPLICATION FOR STREET OR SIDEWALK BLOCKING

Must comply with OSHA Regulations and Local Rules

Section I (to be filled out by applicant)

Name of Applicant: _____

Address of Applicant: _____

Contact Phone Number: _____

Address of _____ STREET or _____ SIDEWALK Blocking (please check which):

_____ Total Blocking _____ Partial Blocking

Date(s) of Blocking: _____

Purpose/Details of Blocking: _____

REQUIREMENTS:

Please attach INSURANCE CERTIFICATION to this form

Signature of Applicant: _____ Date: _____

SECTION II (to be filled out by Department Heads)

Insurance Certification has been attached to form _____ YES _____ NO

DEPARTMENT OF PUBLIC SAFETY _____ Approved _____ Disapproved

Recommendations: _____

Signature: _____ Date: _____

DEPARTMENT OF PUBLIC WORKS _____ Approved _____ Disapproved

Recommendations: _____

Signature: _____ Date: _____

DEPARTMENT OF CODE ENFORCEMENT _____ Approved _____ Disapproved

Complies with OSHA _____ Complies with Local Rules _____

Recommendations: _____

Signature: _____ Date: _____

SECTION III (to be filled out by Selectmen)

SELECTMEN:

This application for the blocking of a street or sidewalk is hereby: ___Approved___ Disapproved

Signature: _____

Date Approved by Board of Selectmen: _____

Town of Ipswich



GUIDELINES FOR STREET OR SIDEWALK BLOCKING

Applications are heard at the Board of Selectmen Meeting
Meetings are held most Mondays at 7:30 PM

1. Applicant must complete Section I of application
2. **DATES OF BLOCKING MUST BE INCLUDED**
3. Insurance Certification must be attached to application
4. Applicant must sign form
5. After completion of Section I, *applicant* must obtain necessary signature as outlined in Section II
6. Once Section II is complete, *applicant* must drop off application in the Board of Selectmen's Office at Town Hall.
7. The Selectmen will **NOT** consider an incomplete application