

## APPLICATION TO BLOCK THE PUBLIC WAY

Application for:	<ul> <li>□ Ladders/Staging/Pump Jack/Scaffolding</li> <li>□ Dumpster (additional fee and permit required by Fire Department)</li> <li>□ POD/Moving Van</li> <li>□ Block Party (requires a separate completed block party sign off sheet)</li> <li>□ Other</li></ul>						
				Contact Information	<b>on</b> (Person making the r	equest i.e. Contractor	r and/or Homeowner)
				Name		Co	ompany
							(if applicable)
				Address			
Tel #	Email						
Location of job/red	nuest						
in a word document way will be review	nt) to Kyle Wiley a wed and you will b	at wileyk@marble  oe notified in wr	all, 188 Washington Street <i>or email</i> (attach request <u>ehead.org</u> . Your application to block the public iting once your application has been approved. <b>tificate of Insurance or a Police Detail as well.</b>				
\$1million/\$2million	(Occurrence/Aggrey. The Certificat	egate) with a \$1n	blehead as additionally insured, in the amount of million/\$1million umbrella is required for work the location of the Job in the Description				
Office use: Police		Date	COI				
		_	OHDC				
Select Board		Date					

Telephone (781) 631-0000 Fax (781) 631-8571



## Office of the SELECT BOARD

ABBOT HALL 188 Washington Street MARBLEHEAD, MASSACHUSETTS 01945

## REGULATIONS TO BLOCK THE PUBLIC WAY

Approval of the Select Board, through its Town Administrator, is required to block the Public Way and for any work that needs to be done on the public way (roads and sidewalks). This includes ladders, or other equipment and staging, moving vans/PODS and Dumpsters.

## To request permission to use the public way, please follow these steps:

- Submit Application to Block the Public Way
- The Application should include:
  - What items will be on public way i.e. Ladders, staging, equipment, moving vans/PODS and Dumpsters
  - Address of the public way to be impeded
  - o How long job will last, include dates (if know) and hours of work
  - $\circ$  Specific dates requested (i.e. June 24 26, 2016, weather dependent)
  - Your name
  - o Name/address /contact information of Company doing the work
  - Phone number /Email address of responsible individual

The Town requires a *Certificate of Insurance* that names the Town of Marblehead as additionally insured in the amount of \$1million/\$2million (Occurrence/Aggregate) with a \$1 million/\$1million umbrella. *The Certificate should LIST the location of the Job in the Description of Operations/Locations*.

Our Office will review your application and you will be notified in writing once your application has been approved. Work is not permitted on the public way prior to approval from the Selectmen's Office and receipt of a Certificate of Insurance (if required).

Submit your Application to the Select Board, Abbot Hall, 188 Washington Street or email (attach request in a word document) to Kyle Wiley at <a href="wileyk@marblehead.org">wileyk@marblehead.org</a>