

CITY OF MELROSE

562 Main Street Melrose, MA 02176 Phone: 781-979-4172

Permit Number	
Date Issued	
Expiration Date	

RIGHT OF WAY OCCUPANCY

THIS PERMIT MUST BE FULLY COMPLETED AND SIGNED PRIOR TO OCCUPANCY

□ POD □	DUMP	STER	□ DINING □ OTHER	
Name of Applicant or Restaurant			Email	
Street Address			Phone/Cell	
City/Town	State	ZIP		
Name of Owner(s)			Email	
Property Street Address (if different from above)		om above)	Phone/Cell	
		,		
	T			
City/Town	State	ZIP	Signature of Applicant	
DEDMIC PEEC \$50 Co., O., A.	D:	- POD D	- Alamana of DOW Oadda an Dining	
			or other use of ROW Outdoor Dining – ose Liquor Commission Insurance	
certificate naming City Of Me			-	
			aw sketch below or attach to permit)	

DO NOT WRITE BELOW THIS LINE - FOR CITY OF MELROSE DPW ONLY

PERMIT ISSUED	BY: Engineering Division		
INSURANCE CE	RTIFICATE REC'D: (DATE)		
REVIEWED BY I	POLICE: (DATE)		
LIQUOR COMM	ISSION APPROVAL: (DATE)		
APPROVED BY:		DATE:	
	City of Melrose Permitting Author	ority	