



BLOCK WAY PERMIT APPLICATION

PROJECT INFORMATION			TRACKING No: -
Sidewalk	Tree Lawn	Travel Lane	Parking Space(s) _____
Location/Street Address:			
Reason For Blockage:			
Dates Of Blockage - From:		To:	
PROPERTY OWNER			
Name(s):			
Address:			
City:	State:	Zip:	
CONTRACTOR/AGENT			
Business Name:			
Address:			
City:	State:	Zip:	
Name of contact person for questions regarding this permit:			
Phone:	Fax:	Email:	
SIGNATURES:			
I hereby certify that the proposed request is authorized by the "Owner of Record" and agree to conform to all applicable laws and regulations of the City of Piqua, Ohio.			
Owner or Contractor			
Signature _____		Date: _____	
City of Piqua _____		Date: _____	

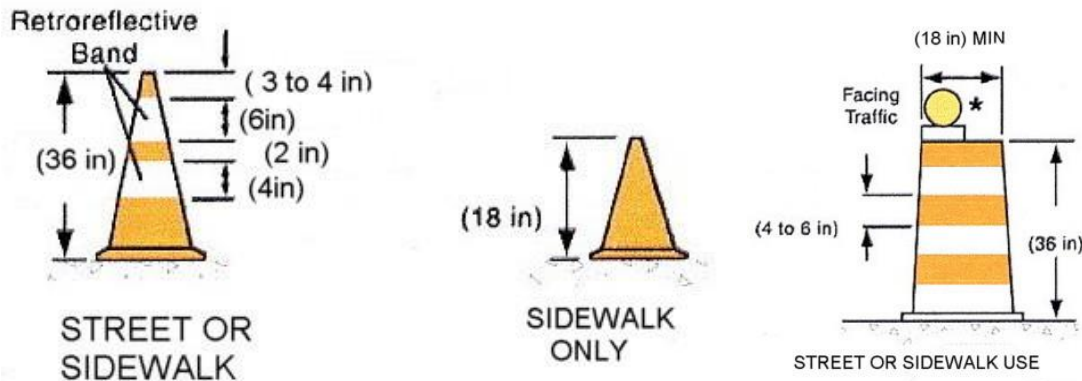
Copies to: _____ City Manager _____ Fire _____ Applicant
 _____ Streets _____ Police _____ Mainstreet

Work Zone Requirements

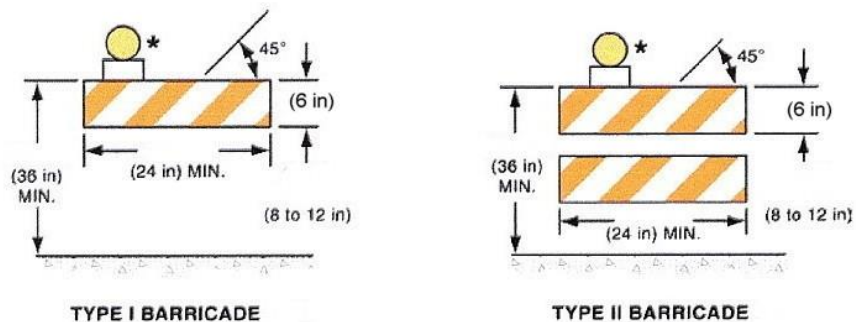
All requests for a "Permit to Block Way" shall have a drawing attached showing the areas to be blocked or closed to the public and the signage, cones, and /or barricades to be used

All work zone set-ups within the City of Piqua right-of-way shall comply with the requirements as set forth in the Ohio Manual of Uniform Traffic Control Devices, OMUTCD.

The following are examples of approved cones, drums and barricades to be used.



Channelizing Devices



* WARNING LIGHTS OPTIONAL

