

Return to:  
City of Concord  
Code Administration  
Health Services Division  
37 Green Street  
Concord, NH 03301  
603-225-8580



Permit #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

### **APPLICATION AND PERMIT FOR SIDEWALK ENCUMBRANCE**

I hereby apply for encumbrance of the \_\_\_\_\_ located at \_\_\_\_\_.

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that approval of this application allows only that encumbrance specifically described in the application and that any changes will require the review and approval of the City prior to effecting the changes. I further understand that I must comply with, and that a permit will be subject to, the conditions listed below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Health Licensing Officer

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### **CONDITIONS OF THE PERMIT APPROVAL**

1. The Health & Licensing Office or the Code Administrator may revoke the permit at any time.
2. The applicant hereby agrees to indemnify and save harmless the City of Concord, NH from all claims for damage or injury whatsoever that may arise from the encumbrance, obstruction, occupation or use of said highway, and the applicant shall be accountable for all damage that may occur on account of said encumbrance, obstruction, occupation or use of the aforesaid highway. The City of Concord in no case assumes any responsibility or liability by reason of this permit. The Health & Licensing Officer or the Code Administrator may require a certification of insurance if deemed necessary to protect the City.
3. The permit shall be kept with the individual in charge at the place of business for examination upon request by any City official.
4. A sticker or decal issued by the Code Administrator for approved sidewalk sign permits shall be attached to the sign at all times and replaced annually.
5. **Please include insurance certificate with application.**

Revised: 6/20/18

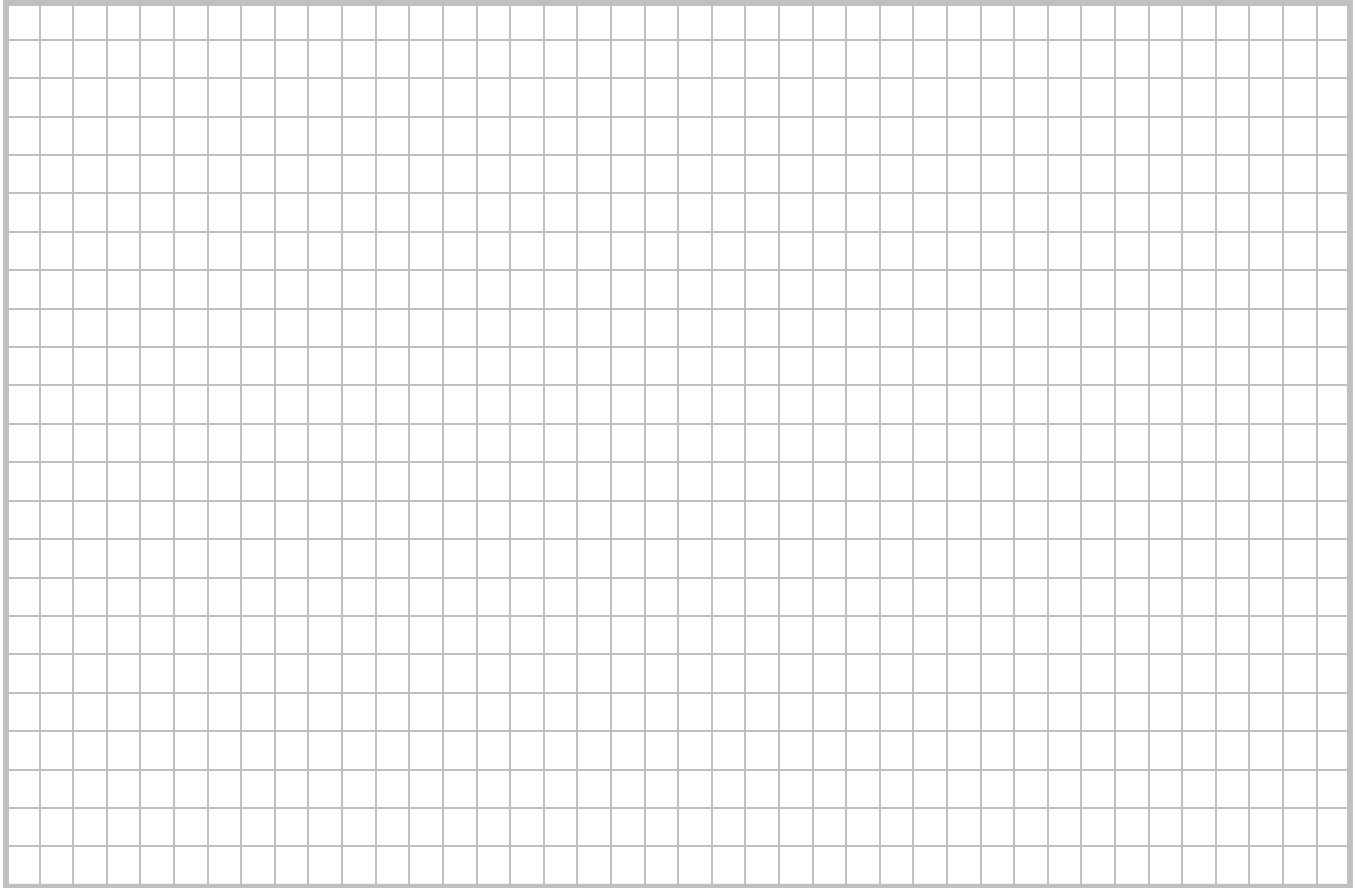
Please sketch the location and dimensions of the proposed encumbrance, along with a description of the activity. **Include the hours** during which the encumbrance will occur. Encumbrance Permit issued only for April 1 to Nov. 15 of the same year. **Please review the Sidewalk Encumbrance Regulations and the Main Street Design Guide for guidance on placement and treatment of features in the right of way.**

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



In accordance with the Sidewalk Encumbrance Regulations, any item approved by this permit shall not encroach into the pedestrian clear zone, identified as Zone B below.

