



**CITY OF PEABODY  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926**

**BOARD OF HEALTH  
BERNARD H. HOROWITZ, CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH**

**SHARON CAMERON  
DIRECTOR**

**ROUTING SLIP FOR INTEGRATED PEST MANAGEMENT PLANS**

**ADDRESS** \_\_\_\_\_

**MAP** \_\_\_\_\_ **LOT** \_\_\_\_\_

**APPLICANT NAME** \_\_\_\_\_

**CONTACT INFO (phone, email)** \_\_\_\_\_

**TYPE OF ACTIVITY:**

- Demolition \_\_\_\_\_
- Reno/construction on abandoned property \_\_\_\_\_
- Large commercial project \_\_\_\_\_
- Residential subdivision \_\_\_\_\_
- Installation/disturbance of utility within paved ROW >1500 ft \_\_\_\_\_
- Installation/disturbance of utility outside of paved ROW >750 ft \_\_\_\_\_
- Dumpster \_\_\_\_\_

**ANTICIPATED START DATE** \_\_\_\_\_

Required Yes \_\_\_ No \_\_\_ Fire Prevention \_\_\_\_\_ Date \_\_\_\_\_  
41 Lowell St.

Required Yes \_\_\_ No \_\_\_ Health \_\_\_\_\_ Date \_\_\_\_\_  
24 Lowell St.

Required Yes \_\_\_ No \_\_\_ Public Services \_\_\_\_\_ Date \_\_\_\_\_  
50 Farm Ave.

Required Yes \_\_\_ No \_\_\_ Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_  
24 Lowell St.

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

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

Notes: \_\_\_\_\_

Health and sanitation fee collected by: \_\_\_\_\_ Dept: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_

IPM plan not required \_\_\_\_\_  
Signature Date