Dear Resident:

Attached is a copy of the sidewalk application that you requested from our office.

Please fill out the application, have it notarized and mail it back to the following address at your convenience.

Department of Public Works  
Sidewalk Program  
70 Tapley Street  
Springfield, MA 01104

If you have any questions, please call for assistance (413) 787-6210.

Sincerely,

Engineering Division

*Please note that if the application is not notarized, we will be unable to process it.
To the City of Springfield:

I/WE, the undersigned, hereby represent that I/WE, are the owners of the premises numbered __________________________________________________, Springfield.

I/WE, hereby make application to the City for the construction or reconstruction of the sidewalk abutting the aforesaid premises and agree that upon completion of said curbing (I/WE, will pay to the $6.50 per linear foot of the new sidewalk (this is approximately 25% of the total cost of the project.) Any additional work performed within the public right of way to any driveway apron or outside entrance walk shall be done at additional cost to the applicant.

In order to accomplish such construction or reconstruction I/WE, hereby authorize entry upon the aforesaid premises by the City, its officials, contractor, employees, and/or agents that I/WE, hereby waive any claim for damages arising in any way out of such entry for the construction and/or reconstruction of said sidewalk and I/WE, further agree to hold harmless the said City, its officials, contractors, employees, and/or agents from the claims and demands of persons or firm occupying the aforesaid premises, arising out of such entry for said construction or reconstruction. The work contemplated herein is to be carried out under the authority of and pursuant to existing laws and municipal ordinances.

OWNERS/OWNERS
SIGNATURE: ____________________________
__________________________
__________________________

MAILING ADDRESS: ____________________________
__________________________
__________________________

WITNESSED BY: ____________________________
__________________________
__________________________

Upon submitting this application your sidewalk will be subject to an inspection by the DPW. If your sidewalk is deemed to be a safety hazard, an asphalt patch will be applied.

Phone Number: Applicant may be contacted prior to construction ____________________________
COMMONWEALTH OF MASSACHUSETTS
Springfield, Hampden, ss;

Then personally appeared the above named__________________________________________
And acknowledged the foregoing instrument to be _________________free act and deed, before me,

__________________________________________
Notary Public
My Commission Expires______________

PLEASE NOTE: IF YOU LIVE ON A CORNER LOT, PLEASE SPECIFY WHAT SIDEWALK YOU WISH TO HAVE RECONSTRUCTED. IF IT IS ONLY ONE, CHECK PROPER BOX. THANK YOU. ONE_______BOTH_______

------------------------------------TO BE COMPLETED BY THE DPW-------------------------------------
ENG ID_________________________________ FRONTAGE__________________________
NEIGHBORHOOD_______________________ DRIVE WIDTH________________________
BLOCK PLAN_________________________ CDBG?_________________________________
PARCEL #____________________________