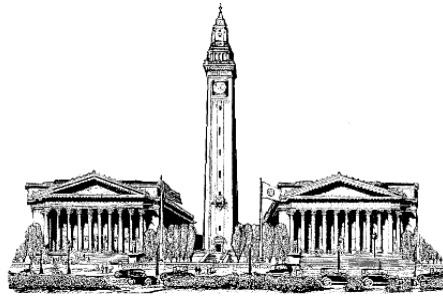


**DEPARTMENT OF  
PUBLIC WORKS**



CITY OF SPRINGFIELD  
MASSACHUSETTS

Dear Resident:

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

Please fill out the application and deliver, or mail it to the following address at your convenience.

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

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

Sincerely,

Engineering Division

To the City of Springfield:

I/WE, the undersigned, hereby represent that I/WE, are the owners of the premises numbered (Address, Zip Code) \_\_\_\_\_, Springfield.

I/WE, hereby make application to the City for the reconstruction of the sidewalk abutting the aforesaid premises.

In order to accomplish such 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 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 reconstruction. The work contemplated herein is to be carried out under the authority of and pursuant to existing laws and municipal ordinances.

OWNER/OWNERS  
SIGNATURE:

MAILING ADDRESS:

WITNESSED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Upon submitting this application, your sidewalk may be subject to an inspection by the DPW. If your sidewalk is deemed to be a safety hazard, an asphalt patch may be applied as a temporary repair until complete reconstruction with cement concrete can occur. Please be aware that the submittal of this application may not yield the immediate reconstruction of your sidewalk. Applications are prioritized by the order of receipt and sidewalk condition. Sidewalk reconstruction is highly dependent upon funding availability.**

Phone Number: Applicant may be contacted prior to construction \_\_\_\_\_

**PLEASE NOTE: IF YOU LIVE ON A CORNER LOT, PLEASE SPECIFY WHICH SIDEWALK YOU WISH TO HAVE RECONSTRUCTED. (IN RELATION TO THE PRIMARY STREET OF ADDRESS MENTIONED ABOVE). PLEASE CHECK CORRESPONDING BOX. THANK YOU.**

PRIMARY     SECONDARY     ALL

-----TO BE COMPLETED BY THE DPW-----

ENG ID \_\_\_\_\_  
NEIGHBORHOOD \_\_\_\_\_  
BLOCK PLAN \_\_\_\_\_  
PARCEL # \_\_\_\_\_

FRONTAGE \_\_\_\_\_  
DRIVE WIDTH \_\_\_\_\_  
CDBG? \_\_\_\_\_