

## City of HOLYOKE DEPARTMENT OF PUBLIC WORKS 63 CANAL STREET HOLYOKE MA. 01040 PERMIT APPLICATION

### APPLICATION FOR PERMIT TO OCCUPY OR OBSTRUCT THE PUBLIC WAY

This application must be completed in its entirety prior to the time of submittal. It is the responsibility of the applicant to provide all pertinent information required herein.

Application Date:
Name of Applicant:
Applicant Address:
Applicant Email Address:
Applicant Phone #:
Applicant Cell Phone #:
Organization/Business Name:
Organization/Business Phone:
Organization/Business Address:
Location of Occupancy/Obstruction:
Street #:         Street Name:
Estimated Dates of Occupancy:
From: To:
Reason for Occupancy/Obstruction:
If Other, Please Explain:

#### **APPLICABLE SPECIFICATIONS:**

- 1. Applicant agrees to take responsibility for any and all claims that may be made against the City of Holyoke, or it's agency, for damages which may be occasioned during the period of occupancy.
- 2. All necessary precautions must be taken to ensure the safety of the pedestrian and motoring public, including the establishment of a "temporary" walkway should the sidewalk be affected.
- 3. Applicant is responsible for any and all traffic control and police protection if required.

(Contact Holyoke Police Department, Traffic Bureau @ 413-536-6431)

#### **Affirmation**

I have read the attached and hereby agree to comply strictly with the terms of this permit and indemnify the City of Holyoke and its agents from all loss, cost or reason of such occupancy. I the undersigned hereby certifies that I have read and examined this application and that the proposed occupancy/obstruction is accurately represented in the statements made in this application. I understand that the occupancy/obstruction shall be executed in accordance with the terms and conditions of said permit and all applicable laws in effect. I understand that deviations from the approved permit requirements shall result in immediate revocation of the permit and require immediate restoration of occupied area to pre-occupancy conditions.

SIGNED BY:
(Applicant)
DPW USE ONLY
Certificate of Insurance Required: $\Box$ Yes $\Box$ No
Certificate of Insurance Received: $\Box$ Yes $\Box$ No
Permit Fee \$
Permit Fee Received:  No  Yes Date received
$\Box$ Cash $\Box$ Check $\#$
Application Fee Received By: Initials
Permit Status:
APPROVED: Date:

# <u>NOTICE</u>: THIS PERMIT IS VALID FOR THIRTY (30) DAYS FROM DATE OF ISSUANCE UNLESS IT SPECIFICALLY PROVIDES OTHERWISE. A COPY OF THIS PERMIT MUST BE MADE AVAILABLE AT THE SITE DURING THE OCCUPANCY/OBSTRUCTION.