



**Donna LaScaleia**  
Director

**CITY OF NORTHAMPTON, MASSACHUSETTS  
DEPARTMENT OF PUBLIC WORKS**

125 Locust Street  
Northampton, MA 01060  
413-587-1570  
Fax 413-587-1576

**SIDEWALK/STREET BLOCKING PERMIT APPLICATION**

**PERMIT NO. B -20**

Please fill in the information down to the double line, attach photos/diagrams of area to be blocked, and return with the \$25.00 fee to:  
PERMITS, Department of Public Works, 125 Locust St., Northampton, MA 01060

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCATION TO BE BLOCKED \_\_\_\_\_

DATE(S) TO BE BLOCKED \_\_\_\_\_

HOURS TO BE BLOCKED \_\_\_\_\_

REASON FOR BLOCKING \_\_\_\_\_

DESCRIPTION OF WORK BEING PERFORMED/EVENT \_\_\_\_\_

LIST EQUIPMENT/MACHINERY BEING UTILIZED \_\_\_\_\_

DESCRIBE HOW PUBLIC WILL BE PROTECTED FROM WORK AREA \_\_\_\_\_

DESCRIBE HOW PEDESTRIAN AND OTHER TRAFFIC WILL BE SAFELY ROUTED AROUND WORK AREA \_\_\_\_\_

\_\_\_\_\_  
Signature

\*\*\*IF PARKING SPACES ARE TO BE UTILIZED, APPLICANT MUST CONTACT THE PARKING DEPT.

**FOR OFFICE USE ONLY**

PLAN/SKETCH/PHOTO RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK/MONEY ORDER # \_\_\_\_\_

INSURANCE CERTIFICATE  
RECEIVED

DATE

EXPIRES

REMARKS