

CITY OF WEST CHICAGO

RIGHT-OF-WAY PERMIT APPLICATION



PERMIT NO. _____
(Office Use Only)

APPLICANT _____ PHONE _____
 EMERGENCY CONTACT _____ 24 HR PHONE _____
 ADDRESS _____ FAX _____
 CITY, ZIP _____ E-MAIL _____

The undersigned hereby applies to the City of West Chicago, Illinois for a right-of-way permit hereon described. The proposed work is further set forth in the plans submitted with this application, and if granted the work shall be in compliance with the City of West Chicago Code, Chapter 15, Article III - Construction of Utility Facilities in the Rights-of Way relating thereto including the payment of fees required by such title.

APPLICANT/REPRESENTATIVE:

NAME _____
 COMPANY _____
 ADDRESS _____
 CITY, ZIP _____
 24 HR PHONE _____
 FAX _____
 E-MAIL _____

PROFESSIONAL CONSULTANT: (If Applicable)

COMPANY _____
 ENGINEER _____
 ADDRESS _____
 CITY, ZIP _____
 24 HR PHONE _____
 FAX _____
 E-MAIL _____

GENERAL CONTRACTOR PERFORMING WORK ON BEHALF OF THE APPLICANT:

CONTRACTOR _____
 REPRESENTATIVE _____
 EMERGENCY CONTACT _____
 ADDRESS _____
 CITY, ZIP _____
 24 HR PHONE _____
 FAX _____
 E-MAIL _____

***ALL SUB-CONTRACTORS TO BE LISTED**

SUB-CONTRACTOR _____
 REPRESENTATIVE _____
 EMERGENCY CONTACT _____
 ADDRESS _____
 CITY, ZIP _____
 24 HR PHONE _____
 FAX _____
 E-MAIL _____

LOCATION OF PROPOSED WORK: _____
DESCRIPTION OF PROPOSED WORK: _____

SIGNATURE OF APPLICANT: _____

 Date: _____

Name & Title: _____

PERMIT APPROVED BY: _____

 Date: _____

Name & Title: _____

PERMIT FEE - \$ _____

PERMIT DENIED

ITEMS ON FILE:

SURETY: _____
 Check No. _____
 Issued By: _____
 TRAFFIC CONTROL PLAN
 EMERGENCY CONTINGENCY PLAN
 INSURANCE
 PLANS ATTACHED
 SPECIFICATIONS ATTACHED

PERMITS REQUIRED:

COUNTY PERMIT No. _____
 STATE PERMIT No. _____
 IDOT/DWR PERMIT No. _____
 ILCC CERTIFICATE No. _____
 IEPA/DPWS PERMIT No. _____
 IDNR PERMIT No. _____
 IEPA PERMIT No. _____

**NOTE: JULIE LOCATES SHALL NOT EXCEED
 1,000 LINEAR FEET PER WORKING DAY**

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