City of Rockford, Illinois
Public Works Department
425 East State Street, Rockford, IL 61104
Phone: (815) 987-5570 Fax: (815) 967-7058 TDD (815) 987-5718
Web: www.rockfordil.gov

THE CITY OF ROCKFORD ILLINOIS, USA

Timothy Hanson
Director
Public Works Department

RIGHT OF WAY PERMIT APPLICATION

(To tunnel, bore, excavate, dig or other such work in City street, alley, sidewalk, terrace or other public right-of-way)

PERMIT# _____

_____
(DATE OF APPLICATION)

_____
(APPLICANT NAME) (PLEASE PRINT)

☐ UTILITY COMPANY OR ☐ CONTRACTOR OR ☐ HOMEOWNER
(IS APPLICANT) (CHECK ONE BOX)

_____
(APPLICANT ADDRESS) (PLEASE PRINT)

_____
(PHONE) (fax)

_____
(APPLICANT SIGNATURE)

_____
(IF BUILT BY A CONTRACTOR-GIVE NAME)

_____
(ADDRESS)

_____
(ADDRESS)

_____
(PHONE) (FAX)

The above applicant hereby agrees to perform the work in accordance with the provisions and as set forth in **Chapter 26** as revised, of the City of Rockford, Code of Ordinance. Traffic control will be in accordance with Chap. F of the Illinois Highway Standards Manual.

_____
(DESCRIPTION OF WORK) (EXAMPLES: BURY 125' OF 4" GAS MAIN; ACCESS MANHOLE; CUT ROAD TO INSTALL SEWER/WATER SERVICE; ETC.)

_____
(LOCATION OF WORK - HOUSE ADDRESS & STREET NAME

☐ PAVEMENT ☐ ALLEY ☐ SIDEWALK ☐ TERRACE ☐ CURB

TYPE OF PAVEMENT? ☐ CONCRETE ☐ ASPHALT ☐ BRICK

_____
(WORK IS LOCATED BETWEEN THESE TWO SIDE STREETS)

_____THRU_____
(DATE WORK WILL BE DONE)

_____a.m._____p.m
(ESTIMATED WORK HOURS)

☐ YES ☐ NO
(WILL TRAFFIC CONTROL BE PROVIDED?)

☐ NO ☐ YES IF YES, SEE NOTE BELOW*
(HAS STREET BEEN PAVED IN THE LAST 5 YEARS?)

_____
(IF CUTTING OR DIGGING IN PAVEMENT GIVE DIMENSIONS OF CUT)
(ALL CURBS MUST BE SAW CUT. IF UPON INSPECTION THE CURB IS FOUND TO HAVE BEEN BROKEN, REMOVAL OF APPROACH, PROPER CURB CUT AND REINSTALLATION OF APPROACH WILL BE MADE BY CONTRACTOR AT NO COST TO THE CITY OF ROCKFORD. TEMPERARY REPAIR MUST BE FOLLOWED BY PERMANENT REPAIR.)

***NOTE: EXCAVATING, CUTTING OR DIGGING OF CITY STREETS IS PROHIBITED FOR FIVE YEARS AFTER PAVING UNLESS WORK IS AN EMERGENCY AND THEN ONLY BY PERMISSION OF CITY ENGINEER.**

PROOF OF INSURANCE AND BOND WITH CITY REQUIRED

Permit Fee $25.00 **(Fee Waived for Public Utility Companies)**

_____ _____ $ _____
(INTERNAL PAY CODE 1010 61403)
(APPROVED BY) (PUBLIC WORKS DEPT.) **(DATE OF APPROVAL)** **(FEE)**

SPECIAL CONDITIONS