



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit # _____

Fee: \$10.00 per day with a maximum of \$100.00

ENCROACHMENT OR OBSTRUCTION PERMIT APPLICATION

[Ref: Streator Municipal Code Chapter 12.12]

Applicant Name: _____ Email: _____

Phone #: _____

Jobsite Address: _____

Description of Encroachment or Obstruction: _____

Contractor: _____ Phone #: _____

When will the Obstruction or Encroachment Start (Date & Time): _____

When will the Obstruction or Encroachment End (Date & Time): _____

Describe the Obstruction or Encroachment: _____

Describe Safety Measures for the Protection of the Public: _____

I certify that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

NOTE:

PLACEMENT OF THE OBSTRUCTION OR ENCROACHMENT CANNOT HAPPEN UNTIL APPLICATION IS APPROVED

Amount Paid: _____

Approved by: _____

Date Permit Issued: _____

PAID STAMP