APPENDIX C

CITY OF ROLLING MEADOWS
DEPARTMENT OF PUBLIC WORKS
3900 BERDNICK STREET
ROLLING MEADOWS, ILLINOIS 60008
Telephone: (847) 963-0500 Fax: (847) 963-0555

PERMIT # _____

APPLICATION AND PERMIT FOR WORKING IN THE RIGHT-OF-WAY
(to construct, operate, maintain use and/or remove within a City owned right-of-way)

APPLICANT	**CONTRACTOR**
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
_____ (Applicant's Signature)	_____ (Contractor's Signature)
Title _____ Date _____	Title _____ Date _____
Phone Number _____	Phone Number _____

REQUIRED ATTACHMENTS

PLANS & SPECIFICATIONS	☐
OTHER AGENCY PERMITS	☐
PROOF OF INSURANCE	☐
SURETY BOND	☐
OTHER -	☐

IMPORTANT: Your insurance policy **MUST** carry the following statement as an "Additional Insured":

"The City of Rolling Meadows, it's officials, agents, and employees for claims arising out of, under, or by reason of operations covered by the permit issued to the permittee."

APPLICATION

Applicant and/or Contractor request a Permit for the purpose indicated in the attached plans and specifications at the following location (Provide a sketch of location):

STREET ADDRESS: _____

LOCATION AT ADDRESS: _____

For a period beginning _____ And Ending _____, and agrees to the terms of the permit.

The exact location is as follows:

_____

_____

Describe the type of work to be performed:

_____

_____

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Applicant. When the Applicant hires a Contractor, both the Applicant and the Contractor assume responsibility.

OFFICE USE ONLY

Permit Issued by: _____

Date: _____

Date Permit Mailed: _____

Date Permit Faxed: _____

By: _____