APPLICATION FOR RIGHT-OF-WAY OBSTRUCTION

Date: _____

Applicant: _____

Contact Name: _____

Address: _____

Phone Number: _____

E-mail: _____

FOR OFFICIAL USE ONLY

Permit Fee Waived? Y N

Permit #: _____

Check #: _____

Date Approved: _____

City Officer: _____

Insurance Attached? ☐ Yes ☐ No Policy #: _____ Expires: _____

If no, you must provide liability insurance in accordance with City Code, listing the City of Paxton as an additional insured. ***This must be provided before any permit is issued.***

Detailed Description of Purpose of Obstruction: *If more space is needed, please attach an additional sheet.*

TYPE OF PERMIT (SELECT ALL THAT APPLY)

☐ **Closure/Obstruction – Lane of Traffic**

Start Date: Time: End Date: Time:

Street(s) Affected: _____

From Where to Where? _____

Who is providing traffic control? _____

List proposed detour routes: _____

☐ **Closure/Obstruction – Any Obstruction Except a Lane of Traffic**

Start Date: Time: End Date: Time:

Type of Obstruction: Choose One Below

☐ Parking Space ☐ Sidewalk ☐ In-road ☐ Other

Street(s) Affected: _____

From Where to Where? _____

See Terms and Conditions at the end of this application.

TERMS AND CONDITIONS

1. I/We understand and agree that no street or sidewalk obstruction, or blocking of parking spaces will be initiated until approved by the appropriate City officials, and proper fees paid. No such obstruction shall extend beyond the time approved herein unless additional written approval is obtained, and fees paid.

2. I/We understand and agree that all traffic control shall comply with the current edition of the "Manual on Uniform Traffic Control Devices for Streets & Highways".

3. I/We understand and agree to indemnify and hold the City of Paxton, Illinois, its officers and employees against all loss, damage, or expense incurred as a result of any claim made by or on behalf of any person, firm, or entity arising from the conduct or management of any actions undertaken as a result of or from any act or omission that is, in any way, related to this permit.

4. I/We understand and agree that the City of Paxton, Illinois may revoke this permit for any reason it, in its sole discretion, deems appropriate, and that I/we shall have no recourse against the City regarding same.

5. I/We understand and agree that, if the City of Paxton, Illinois incurs expenses in relation to defending its interests as a result of our actions or inactions, or the enforcement of performance or observance of any obligation or agreement with respect to this Permit, I/we agree to compensate the City for any reasonable fees, including but not limited to, attorneys' fees, expert fees, court costs, and the cost of serving process, which the City incurs in relation hereto.

6. I/we certify that we have no debt or other financial obligation due and owing to the City of Paxton, Illinois, as of the date of this Permit.

7. I/we understand and agree that this Permit is subject to all applicable federal, state, and local laws and further agree to abide by same, as well as any conditions that the City may place on this Permit.

Printed Name: _____ Date: _____

_____

Signature