

Building Department
 210 N. Hamilton
 Monticello, IL 61856
 Phone: 217-762-2583

Right-of-Way Permit



City of Monticello	210 N. Hamilton Monticello, IL 61856
Office Use Only	Approved <input type="checkbox"/>
Reviewed only to determine if items covered by the submittal conform to information given in contract documents and are compatible with design concept of the project.	Approved as noted Refer to Correspondence <input type="checkbox"/>
	Revise and Resubmit Refer to Correspondence <input type="checkbox"/>
Date: _____ By: _____	Not Approved Refer to Correspondence <input type="checkbox"/>

Applicant Name: _____

Applicant Address: _____

Contact Information: _____

Project Location: _____

Proposed Start Date: _____ **Anticipated Completion Date:** _____

Is Liability Insurance on file with the City? Yes/No Policy # _____

Utility By Directional Bore **Utility By Open Excavation** **Sump Pump Connection/Installation**

Sanitary Sewer * Excavation **Storm Sewer Excavation** **Tree Planting/Removal**

* May require additional Sanitary Sewer Application and Permit.

Driveway **Pavement Material** **HMA** **PCC** **O&C**

Inspection by the City of Monticello Required.
 Minimum 6" thick portland cement concrete, 3/4" expansion joint at curb and at sidewalk required.
 If a road side ditch exists, then culvert sizing and inspection to be preformed by the City of Monticello.

Ditch **Curb & Gutter** **Sidewalk**

Dumpster or Portable Storage (POD) **Other** _____

Lane/Street Closure **Date/Time to be closed** _____ **Date/Time to be opened** _____

As-Builts Required **Yes** **No**

I agree to comply with all codes of the City of Monticello, including Chapter 94 of the Municipal Code. I further agree to indemnify the City of Monticello and its employees for any loss, liability, or damage that may result or accrue from or because of the conduct of the applicant, its employees and/or agents relating to the work covered by the permit.
 I also agree to conform to OSHA guidelines for the work completed in open trenches and/or confined spaces.

Applicant Signature: _____ **Date:** _____

Submit via email to: ctd@cityofmonticello.net