



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: ADDRESS: CITY: STATE: ZIP: (for both Applicant and Contractor)

(Applicant's Signature) (Contractor's Signature)
Title Date Phone Number (for both Applicant and Contractor)

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 Permit Mailed:
Date Permit Faxed:
Date: By: