



**DES PLAINES UTILITY**  
**PERMIT # \_\_\_\_\_**

## City of Des Plaines Utility Permit Application

All entities conducting work in City owned or maintained Rights Of Way (R.O.W.) or Public Ways shall apply for and receive a utility permit prior to the commencement of such work, repair or construction. One copy of this permit application must be fully completed, signed and returned with all required attachments to: City of Des Plaines Public Works and Engineering Department, 1420 Miner St., Rm. 504, Des Plaines, IL 60016. Permit applications may also be faxed to (847) 391-5619 or emailed to [engineering@desplaines.org](mailto:engineering@desplaines.org)

### 1. Utility Identification / Applicant

	NAME	STREET ADDRESS	CITY, STATE & ZIP CODE
UTILITY OR INDIVIDUAL			
SUBCONTRACTOR			

### 2. Type of Utility or Work

GAS    ELECTRICAL    TELEVISION    TELECOMMUNICATIONS    OTHER   (Check one)

UNDERGROUND    OVERHEAD    BOTH   (Check one)

IF "Other"- Please describe: \_\_\_\_\_

### 3. Utility Contact (For emergencies, questions, clarifications and problem resolution.)

NAME	
TITLE OR POSITION	
24-HOUR PHONE NUMBER(S)	

### 4. Permit Location/Type (For emergencies, questions, clarifications and problem resolution.)

ADDRESS (RANGE), STREET	
ROW, EASEMENT OR BOTH	
TYPE OF WORK (CHECK ONE)	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> MAINTENANCE / REPAIR <input type="checkbox"/> EMERGENCY REPAIR

### 5. Work Description (Attach additional sheets as necessary)

DESCRIPTION OF WORK	
MEANS & METHODS TO BE USED	

FULL STREET CLOSURE    LANE CLOSURE

**6. Required attachments** - include drawings and/or maps showing locations of work, new or changed structures, enclosures, vaults pits and other work. Drawings or maps should be of a scale to clearly show the details of the work to be performed and shall contain references clearly identifying the location within the City of Des Plaines. Such references include street names, intersections, addresses, etc. Applications submitted without these attachments, or with an incomplete application will be rejected.

**7. Utility Company Work Order/Reference Number (If Any):** \_\_\_\_\_

**8. Proposed Start Date:** \_\_\_\_\_

**9. Proposed Completion Date:** \_\_\_\_\_

**10.** I hereby certify that the above information is complete, true and correct. I further certify that all work will be performed in accordance with the City of Des Plaines City Code. Also, all areas disturbed within City of Des Plaines Right-Of-Way or within all utility easements must meet or exceed the condition per City of Des Plaines Specifications.

**Note: All disturbed areas must be restored within one month of completion, weather permitting.**

<b>SIGNATURE</b>	
<b>TITLE</b>	
<b>DATE</b>	

**CITY USE ONLY BELOW THIS LINE:**

**PERMIT REJECTED:**

Permit application is rejected for the following reason(s):

- NOT WITHIN CITY LIMITS     INCOMPLETE APPLICATION / DRAWINGS  
 INSUFFICIENT INFO / DETAIL     OTHER

<b>SIGNATURE</b>	
<b>TITLE</b>	
<b>DATE</b>	

**PERMIT APPROVED:**

AS NOTED

<b>SIGNATURE</b>	
<b>TITLE</b>	
<b>DATE</b>	

**PERMIT EXPIRATION DATE:** \_\_\_\_\_