

**City of Rockford, Illinois**

Public Works Department  
 Engineering Division  
 425 East State Street, Rockford, IL 61104  
 Phone: 779-348-7174 Fax: (815) 967-7058  
 Web: [www.rockfordil.gov](http://www.rockfordil.gov)



**RIGHT-OF-WAY PERMIT APPLICATION**

(Permit applies but is not limited to the following activities within the City right-of-way: tunnel, bore, excavate, dig, lane closures, sidewalk closures etc.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (DATE OF APPLICATION)

**PERMIT FEE : \$35.00**  
 (FEE WAIVED FOR PUBLIC UTILITIES)

\_\_\_\_\_  
 (APPLICANT NAME – PLEASE PRINT)

\_\_\_\_\_  
 (IF BUILT BY A CONTRACTOR GIVE NAME & ATTACH PROOF OF BOND AND INSURANCE)

UTILITY  CONTRACTOR  CONSULTANT  PROPERTY OWNER  
 (APPLICANT IS – CHECK ONE BOX)

\_\_\_\_\_  
 (CONTRACTOR ADDRESS – PLEASE PRINT)

\_\_\_\_\_  
 (APPLICANT ADDRESS)

\_\_\_\_\_  
 (ADDRESS)

\_\_\_\_\_  
 (PHONE) (FAX)

\_\_\_\_\_  
 (PHONE) (FAX)

\_\_\_\_\_  
 (DESCRIPTION OF WORK – EXAMPLES: BURY 125"OF 4" GAS MAIN; ACCESS MANHOLE; INSTALL SEWER/WATER SERVICE; LANE CLOSURE; ETC.)

\_\_\_\_\_  
 (LOCATION OF WORK – STREET NUMBER & STREET NAME)

PAVEMENT  ALLEY  SIDEWALK  TERRACE  CURB

\_\_\_\_\_  
 (WORK IS LOCATED BETWEEN THESE TWO CROSS STREETS)

IF IN PAVEMENT WHAT TYPE:  CONCRETE  ASPHALT  BRICK

\_\_\_\_ THRU \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 (REQUESTED DATES FOR WORK) (WORK HOURS)

ARE ANY PAVEMENT CUTS REQUIRED?  YES  NO

IF YES IS LOCATION ON 5 YEAR ROAD MORATORIUM?  YES  NO

**(NOTE: IF PAVEMENT CUT IS AUTHORIZED AT LOCATION LISTED ON 5 YEAR ROAD MORATORIUM, FULL LANE RESTORATION WILL BE REQUIRED.)**

The above applicant requests permission to excavate and/or occupy the public right-of-way in the City of Rockford and agrees to indemnify, hold harmless, and defend the City of Rockford, its officers, agents, and employees, from any and all claims resulting from injuries, including death, damages or losses, including, but not limited to the general public, which may arise or which may be alleged to have arisen out of, or in connection with such excavation and occupancy. I hereby agree to perform the work in accordance with the provisions, specifications and requirements of all of the following:

- Chapter 26, as revised, of the City of Rockford, Code of Ordinance.
- IDOT's Standard Specifications for Road and Bridge Construction, as revised.
- The Standard Specifications for Water and Sewer Construction in Illinois, as revised.
- Traffic control shall always be provided by the applicant or contractor and will be in accordance with the Illinois Manual on Uniform Traffic Control Devices for Streets and Highways, as revised. A traffic control plan and standard details may be required based on the Engineer's or designee's discretion. 48 hours notice is required for closures.
- Accessibility requirements shall be in accordance with the Illinois Accessibility Code and a current IDOT Standard shall be submitted with the application when applicable.
- Erosion & sediment control shall be in accordance with all requirements set forth in the current revision of the General NPDES Permit No. ILR10. Stabilization measures must be initiated within seven (7) days after construction activities have temporarily or permanently ceased.
- All other federal, state, and local requirements as they may apply.

**THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH THE APPLICATION:**

- **CERTIFICATE OF INSURANCE** - \$3,000,000 per occurrence, City of Rockford listed as additional insured, and valid through the permit period.
- **CERTIFICATE OF BOND** - \$50,000 limit, acceptable forms are Right-of-Way and License & Permit, City of Rockford listed as Obligee, and valid through the permit period.
- **PROJECT DESCRIPTION** – including site plan / drawings and schedule for all activities taking place in the public right-of-way including dimensions of pavement cuts.
- **TRAFFIC CONTROL PLAN** – Any closure of streets or sidewalks shall require a traffic control plan to be submitted.

\_\_\_\_\_  
 (AUTHORIZED REPRESENTATIVE SIGNATURE)

\_\_\_\_\_  
 (AUTHORIZED REPRESENTATIVE PRINTED NAME)

**FOR INTERNAL USE ONLY**

APPROVED BY: \_\_\_\_\_ START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ EXPIRES: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 APPROVAL DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
 (PAY CODE - 10101000-61403)