

City of Marseilles
200 Riverfront Dr.
Marseilles, IL. 61341
(815) 795-2133

Street Closure Permit Request

FEE: _____
FIRST 7 DAYS=\$100
____ DAYS @\$10= TOTAL COST= _____

NAME: _____
Address: _____
HOME PHONE: _____
WORK PHONE: _____
CELL: _____

CONTRACTOR INFORMATION: NAME, ADDRESS AND LICENSE NUMBER:

The above individual is applying for a permit to obstruct the following City property: (Select as many as apply)

Sidewalk: []
Alley: []
City Street: []
Other: _____

Location of closure/obstruction: (Please name street and address)

PLEASE PROVIDE A SITE MAP

Property Tax No.: _____ Beginning Date of Requested Closure: _____

Ending Date of Requested Closure: _____

Type of Construction Material to be used: (i.e. dumpster, fencing, scaffolding, list all)

City of Marseilles
209 Lincoln Street
Marseilles, IL. 61341
(815) 795-2133

PROOF OF LIABILITY INSURANCE FOR DAMAGE TO CITY PROPERTY: (Proof of Insurance must include Insurance Company, Policy No., Expiration Date of Policy, Phone Number and agent of Insurance Company)

I, _____, agree that all the facts stated above are true and accurate. In the event there is a completion of work delay, an extension may be made through a new permit application and granted only upon finding that the applicant has acted diligently and the delay was due to unforeseen circumstances. Whoever violates any provision of this Section 97.022 of the Code of Marseilles shall upon conviction be subject to fine of no less than \$500.00 plus costs.

Approved By: _____
Commissioner of Streets and Public Improvements
Date: _____

Approved By: _____
Commissioner of Public Health & Safety
Date: _____