



# City of Marengo

Permit Application for the Use of Public Ways  
Building Department 835 West Grant Hwy. 815-568-2669

Project address (es): \_\_\_\_\_  
\_\_\_\_\_

Owner of Property: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address if Different Than Project Address: \_\_\_\_\_

Proposed Project Scope of Work: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Safety measures must be taken to protect persons and property during the proposed project and will be the sole responsibility of the contractor.

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ 24 Hour Emergency Phone; \_\_\_\_\_

*Include a copy of Certificate of Insurance naming "City of Marengo" as the "insured"*

Will sidewalk be closed? \_\_\_\_\_, if yes; during what hours \_\_\_\_\_

Will street be closed? \_\_\_\_\_ if yes, during what hours \_\_\_\_\_

Will utilities be required to be turned off? \_\_\_\_\_ Explain: \_\_\_\_\_

Is there a utility easement at the proposed site? \_\_\_\_\_

A **\$1000.00 Municipal Property Damage Deposit** will be required prior to permit being issued.  
A deposit for entering the **street** in the amount of **\$1500.00** will be required if going into the street.  
If going into the **public sidewalk** a deposit in the amount of **\$1000.00** will be required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  DENIED  Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

PRIOR TO THIS PERMIT BEING ISSUED A SITE INSPECTION OF AREA MUST BE CONDUCTED.

Photos of area taken \_\_\_\_\_ Inspected by: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Building dept/Public ways app