



CITY OF CHICAGO
 Department of Transportation
 121 North La Salle Street, City Hall - Room #905
 Chicago, Illinois 60602



Tel: 312-744-4652 Fax: 312-744-4627 Counter Fax: 312-744-6789

Date Submitted: ___/___/___

Permit Number: _____

PERMIT APPLICATION TO OCCUPY THE PUBLIC RIGHT OF WAY

Applicant Information:

Permit issued to: _____ FEIN: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Tel: (____) _____ Fax: (____) _____

Job Representative or Applicant: _____

Building Owner: _____ Building Permit #: _____ Tel: (____) _____

Please answer the following where applicable:

Permit is being requested for a period of ___/___/___ to ___/___/___

Address or route: _____

- Activity Type:**
- Public Place Obstruction (Daily or Annual)
 - Type I (Alteration, Repair Façade, Demolition)
 - Type II (New Construction)
 - Type III (Maintenance, Painting, Cleaning)

Application for (please check all that apply):

BARRICADE Partial Closure Full Closure **CANOPY** Heavy Light Rolling

LOCATION	FOOTAGE		START DATE	END DATE
Sidewalk	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___
Parkway	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___
Curb Lane	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___
Alley	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___
Traffic	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___
Bike Lane	Barricade _____ ft	Canopy _____ ft	___/___/___	___/___/___

Driveway - Temporary:

Duration of the driveway opening: _____ Width of the driveway: _____ (ft) Number of driveways: _____

Posting of "No Parking" Signs:

Requested posting period: ___/___/___ to ___/___/___ Side of street: **N** **S** **E** **W**

Address range of posting: _____



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**Parking Meters/Pay Box:** Removal Lost Revenue/Obstruction

	REMOVAL	OBSTRUCTED
Quantity of meters/pay box controlled spaces removed/obstructed		
Duration of removal/obstruction		
Dates of removal/obstruction		
Date meters/pay box will be restored		
Parking meter/pay box identification numbers		

Sign Removal:

Number of signs to be removed: _____ Date signs can be replaced: ____/____/____

Requested removal period: ____/____/____ to ____/____/____

Types of signs to be removed (e.g., stop, parking, other regulatory): _____

Operating equipment/public way: Operating equipment in public way Type of equipment: _____ Parking work vehicle Parking work vehicle at various locations Parking moving van Inside CBD Outside CBD

Location: _____ Duration/Dates vehicle will be parked: _____

Vehicle license number: _____ State license was issued: _____

Equipment/Vehicles located: Alley Sidewalk Parkway Curb Lane Traffic Lane Bike Lane

How many feet of lane usage will be required: _____

Work Zone Sketch (Include Street Names, Roadway Layout, Roadway/Sidewalk Widths, and Work Zone Layout):