



CITY OF ELMHURST

209 NORTH YORK STREET
ELMHURST, ILLINOIS 60126-2759
(630) 530-3020
www.elmhurst.org

Permit # _____

Date _____

Public Works Permit Application

Address of Job: _____

Description of Work: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone: _____

Plans are attached: Yes No

This permit authorizes the operation and presence of specified equipment, material or facilities on the City of Elmhurst Public Right of Way designated, only for the work described and authorized herein, and only in accordance with plans approved as part of this permit. This permit is subject to the requirements of Chapter 5 and 38 of the Elmhurst Municipal Code and Engineering regulations promulgated there under.

Permit expires in 1 year from date of issuance.

Signature of Applicant: _____

Print name: _____

Phone: _____

****Office Use Only****

Row Inspection

Inspector

Date

*****COMPLETE SET OF DRAWINGS, CURRENT PLAT OF SURVEY OR TOPOGRAPHICAL SURVEY (AS NEEDED)
AND PERMIT APPLICATION MUST BE SUBMITTED*****