



CITY OF CHICAGO
 Department of Transportation
 121 N. La Salle Street, Room 905
 Chicago, IL 60602

Richard M. Daley, Mayor

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APPLICATION FOR A PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Date Submitted: ____/____/____ Permit #: _____

Applicant Information:

Permit issued to: _____ FEIN: _____

Address: _____

City: _____ State: _____ Zip code: _____ Telephone: _____

Job Representative or Applicant: _____

Building Owner: _____ Telephone: _____

Permit requested for the period of: ____/____/____ to ____/____/____

Address or route: _____

- Activity Type:** Public Place Obstruction (Daily or Annual)
 Type I (Alteration, repair facade, 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	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		
Parkway	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		
Curb Lane	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		
Alley	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		
Traffic	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		
Bike Lane	<input type="checkbox"/> Barricade _____ ft	<input type="checkbox"/> Canopy _____ ft		

DRIVEWAY-TEMPORARY:
 What is the duration of the driveway opening? _____

What is the width of the driveway? _____ (ft.) Number of driveways: _____

PARKING METER: Removal Lost Revenue/Obstructed

	Removal	Obstructed
Quantity of meters removed/obstructed:		
Duration of removal/obstruction:		
Dates of removal/obstruction:		
Date meters will be restored:		
Parking meter identifying numbers:		

SIGN REMOVAL

Number of signs to be removed: _____

Date signs can be replaced: _____

Requested Removal Period: ____/____/____ to ____/____/____

What are the types of signs to be removed (e.g., stop, parking, other regulatory)? _____

POSTING OF "NO PARKING" SIGNS

Side of Street: N S E W

Start date of posting: ____/____/____ End date of posting: ____/____/____

Address Range of Posting: _____

OPERATING EQUIPMENT/PUBLIC WAY What type of equipment will be operating?

PARKING WORK VEHICLE **MOVING VAN**

PARKING WORK VEHICLES AT VARIOUS LOCATIONS Inside CBD Outside CBD

Vehicle license number: _____ State Issued: _____

Equipment/Vehicles located:

Alley Sidewalk Parkway Curb Lane Traffic Lane Bike Lane

What is the duration/dates this vehicle/equipment will be parked at this location? _____

How many feet of lane usage will be required? _____

Office use only:

Approved (OEMC): _____ Comments: _____