

APPLICATION FOR ENGINEERING PERMIT

VILLAGE OF LIBERTYVILLE

Public Works Department

Phone: (847) 918-2100
www.libertyville.com/engineering

200 E. Cook Avenue, Libertyville, IL 60048

Fax: (847) 918-9439
engineering@libertyville.com

Project Site Address:	
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Work Description:

Email Address:

Name	Street Address City Zip	Contact Numbers
Property Owner		Phone:
		Fax:
		Cell:
Contractor		Phone:
		Fax:
		Cell:
Applicant		Phone:
		Fax:
		Cell:

WORK ITEMS: (Check all that apply)

<input type="checkbox"/> Excavation and/or Fill <input type="checkbox"/> Grading/Surface Drainage <input type="checkbox"/> Storm Sewer/Sump Pump Service <input type="checkbox"/> Sanitary Sewer/Service <input type="checkbox"/> Water Main/Service <input type="checkbox"/> Access Drives & Aprons/ Parking Lot <input type="checkbox"/> Street Pavement <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Sidewalks/Walkways/Bikepaths <input type="checkbox"/> Stormwater Detention/Modification <input type="checkbox"/> Street/Area Lighting	<input type="checkbox"/> Landscaping/Berming/Plantings <input type="checkbox"/> Tree Removal <input type="checkbox"/> Traffic Control/Signage/Markings <input type="checkbox"/> Irrigation System <input type="checkbox"/> Erosion Control <input type="checkbox"/> Flood Plain Management <input type="checkbox"/> Recreation Facilities/Park Enhancements <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <hr/> <input type="checkbox"/> Work in the Public Right Of Way
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Applicant Statement

All information provided herein is true and correct, and all provisions of the "Engineering Permit Conditions" and all ordinances of the Village of Libertyville shall be complied with. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application as his/her agent.

Print Name of Applicant	<input type="checkbox"/> Owner	<input type="checkbox"/> Occupant
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Signature of Applicant	Date	

FOR OFFICE USE ONLY:	APPROVED BY:	APPROVED DATE:	PERMIT NO:
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