



# UTILITY PERMIT APPLICATION

Lawrence County Highway Department  
P.O. Box 88; 2204 South 15<sup>th</sup> Street  
Lawrenceville, IL 62439  
Phone (618) 943-4215  
Email lacohwy@gmail.com

## Location of Improvement

County Highway Route Number and Name: \_\_\_\_\_

Location or Nearest Cross Street: \_\_\_\_\_

Project Name: \_\_\_\_\_

Type of Permit Requested: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Date Resolution Approved: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

## Type of Permit and Fees

Please check Permit Type

- |                          |                         |              |       |
|--------------------------|-------------------------|--------------|-------|
| <input type="checkbox"/> | Emergency Permit        | Standard Fee | \$0   |
| <input type="checkbox"/> | Minor Maintenance       | Standard Fee | \$0   |
| <input type="checkbox"/> | Major Maintenance       | Standard Fee | \$75  |
| <input type="checkbox"/> | Agricultural Field Tile | Standard Fee | \$50  |
| <input type="checkbox"/> | Modification/New Const. | Standard Fee | \$500 |
| <input type="checkbox"/> | Renewal/Extension       | Standard Fee | \$50  |

Note: If work has already begun on a project requiring a permit the application fee will be **double** those detailed above. Additional Review Costs may apply- see Section II of the Policy.

## Performance Bond, Surety Bond or Escrow Account

Issuing Institution: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Bond Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: This shall be provided once the permit and the estimate of cost have been approved. It shall be in the amount of the approved Estimate of Cost x 125%.

**Certificate of Insurance**

The undersigned applicant agrees to submit the required Certificate of Insurance prior to the issuance of this permit.

**Contractor**

(If work done by other than Petitioner)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Engineer**

(If more than one firm please list the prime.)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Documentation**

Please attach copies of all drawings, plan sheets, spec sheets, construction schedules, bonds and other documentation necessary to complete the permit.

**Signatures**

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

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Applicant shall indemnify and save harmless the County of Lawrence, its officers, employees and agents from and against any and all judgements, damages, decrees, costs and expenses, which they or any number of them may suffer or incur or which may be obtained against any one or all of them by reason of damage to the applicant's facilities or use and occupation of the County of Lawrence's road right of way pursuant to this permit.

Approved \_\_\_\_\_

Date \_\_\_\_\_