

City of Streator
204 S. Bloomington Street
Streator, Illinois 61364
815/672-2517 fax 815/672-7566



Application for a Permit for an Obstruction or Encroachment
[Ref: Streator Municipal Code Chapter 12.12]

Name of Applicant: _____

Applicant's Full Address: _____

Telephone: _____

Description of Obstruction or Encroachment

Person Doing Work: _____ Telephone: _____

Person's Full Address: _____

Location of Work: _____

Describe the Obstruction or Encroachment: _____

When will the Obstruction or Encroachment Start: _____ (Date & Time)

When will the Obstruction or Encroachment End: _____ (Date & Time)

Describe Safety Measures for the Protection of the Public:

I certify that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

NOTE: PLACEMENT OF THE OBSTRUCTION OR ENCROACHMENT CANNOT HAPPEN UNTIL APPLICATION IS APPROVED
Fee: \$10.00 per day with a maximum of \$100.00

Amount Paid: \$ _____ Collected by: _____ Date: _____

Application for this Permit is Approved.

Signature of Director of Public or Designee: _____

Date Permit Issued: _____