



ROW ALTERATION PERMIT APPLICATION  
 Will County Department of Highways  
 16841 W. Laraway Road, Joliet, IL 60433  
 Phone: (815) 727-8476 Fax: (815) 727-9806  
 http://www.willcountyillinois.com

(Print or type all information requested.)

**Applicant/Owner Information:** Contact Person and Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Project Location:** Project Address: \_\_\_\_\_ Site City: \_\_\_\_\_  
 County Route Name: \_\_\_\_\_ Which Side of Street: \_\_\_\_\_  
 Location to nearest cross street: \_\_\_\_\_  
 Brief description of work: \_\_\_\_\_

**Engineer Information:** Contact Person and Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Permit Type: (Check One)** ROW Alteration   
 Application Fee Amount: \$450.00

A check made payable to the Will County Department of Highways shall be made out in the above amount and enclosed with this application to satisfy the application fee required.

**UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made the application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement or perform said event with all provisions of the Ordinances of Will County and local, state, and federal statutes and/or codes. I realize that the information that I have affirmed hereon forms a basis for the issuance of the utility permit herein applied for and shall not be construed to permit any construction upon or within said right-of-way or use thereof in violation of any provision of any Ordinance of Will County or to excuse the owner or his successors and assigns from complying therewith. THIS APPLICATION IS NOT A PERMIT AND IN NO WAY AUTHORIZES THE APPLICANT OR CONTRACTOR TO CONSTRUCT/PERFORM ANY WORK OR HOLD AN EVENT WITHIN THE COUNTY'S RIGHT-OF-WAY WITHOUT THE ISSUANCE OF A HIGHWAY PERMIT.**

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Print Name): \_\_\_\_\_

County Use	
Date approved:	
Initials:	