

ACCESS PERMIT APPLICATION

Macon County Highway Department 2405 N. Woodford Street Decatur, IL 62526-4704 Phone (217) 424-1404 Fax (217) 424-2516

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

Agricultural Access	Standard Fee	\$0
Temporary Access	Standard Fee	\$450
Minimum Use Access	Standard Fee	\$100
Minor Access	Standard Fee	\$1,000
Major Access	Standard Fee	\$4,500

Note: If work has already begun on a project requiring a permit the application fee will be **<u>double</u>** those detailed above.

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:	
	Email address:
Engineer (If more than one firm please list the prime.)	
Name:	
Mailing Address:	
City, State, ZIP:	
	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

	Date
Signature	
Print Name	-
Approved	Date