

KANE COUNTY DETOUR PERMIT APPLICATION

Permittee Name _____

Detour of Route (describe from and to): _____

Dates/Time of Detour : _____

Reason for Detour: _____

Contact Person and Organization: _____

Phone Number: _____ E-mail Address: _____

Address: _____

City: _____ State: IL Zip code: _____

Permittee Signature: _____ Date (mm/dd/yyyy): _____

REQUIRED INFORMATION CHECKLIST SUMMARY

1. The following must be submitted along with permit application to the County before permit will be issued:
 - a. Certificate of Insurance for the coverage specified.
 - b. Approved permits or signed acknowledgement from other agencies.
 - c. A check for \$450.00 (non-refundable) application fee.
 - d. A list of the names, addresses and phone numbers of the traffic control contractor.
 - e. A signage plan for the proposed detour route.
 - f. A press release detailing the detour, to be reviewed and approved by the County Engineer before release for publication.

The application shall be completely filled out, all requested materials submitted and application signed before permit will be processed. The Applicant will be notified by phone or e-mail of the approval of the permit. **Do not assume that the permit will be approved.** The Applicant may be asked to revise the route based on information obtained during the reviewing of the permit.

Careful completion of the form will help to avoid delays in processing. It is important to follow the instructions and provide clear and accurate information. Submit all necessary documents with the application.

Please notify the Kane County Division of Transportation via phone or e-mail 2 weeks prior to work beginning (630) 584-1171.

Submit:

Save:

Print: