

**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: \_\_\_\_\_