



**CITY OF QUINCY
REVOCABLE PERMIT**

Application for Encroachment of Right-of-Way

APPLICANT

Name:
Address:
City: Quincy
State: IL Zip Code:
Telephone:
Cell:

PROPERTY OWNER

Name:
Address:
City:
State: Zip Code:
Telephone:

LOCATION AND TYPE OF ENCROACHMENT

Street Address:

Description:

The undersigned agrees that written approval must be obtained from the City before any reconstruction of the above described encroachment may be undertaken; and in the event that further street construction results in the said encroachment impairing the free and safe flow of traffic, said encroachment will be removed within 30 days of notification by the City of such impairment.

Applicant

FOR OFFICE USE ONLY

Approved by the Quincy City Council on this the _____ day of _____, _____.

By _____
City Clerk

By _____
City Engineer

By _____
Building Inspector

Fee: ___ Yes ___ No Date Paid: _____ Received By: _____