



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