

OFFICE USE ONLY

☐ Approved ☐ Denied

Date: _____ By: _____

Fee Waived: ☐ Yes ☐ No

Permit # _____



ENCROACHMENT PERMIT APPLICATION

Municipal Code, Chapter 6.04

APPLICATIONS MUST BE SUBMITTED AT LEAST THIRTY DAYS IN ADVANCE OF THE EVENT

The undersigned hereby makes application for an Encroachment Permit as provided for in Chapter 6.04 of the DeKalb Municipal Code for a period commencing _____ and ending _____ as indicated hereafter (maximum three days per event).

Type of Encroachment Requested (choose one):

☐ Temporary ☐ Continuous ☐ Outdoor Café ☐ Farmer's Market

Location where encroachment will be positioned: _____

Business / Organization

Name: _____

Address: _____

Telephone No.: _____

Applicant Name: _____

Telephone No.: _____ E-mail: _____

Describe in detail proposed encroachment including nature of construction, material to be used, and dimensions: _____

Names, addresses, telephone numbers of officers and persons in charge of operating and maintaining this Encroachment (if corporation, list officers and registered agent): _____

The period of time for which the encroachment permit is requested (specific dates and hours): _____

Attach the following to this application:

- a. A description of the proposed encroachment including nature of construction, material to be used, exact dimensions, drawing of the encroachment, and explanation of any utility requirements and location of such utilities. All encroachments shall not unreasonably interfere with access to building entrances or pedestrian and

traffic safety. A minimum sidewalk width of five feet (5') must be maintained free and clear of any encroachment. Maximum encroachment height shall not exceed five feet (5').

b. A certificate of insurance indicating the applicant has purchased and maintains public liability and property damage insurance in an amount of at least One Million Dollars (\$1,000,000.00) to secure payment for any loss or damage caused by the encroachment. The certificate of insurance shall name the City of DeKalb as an additional insured, and the applicant shall indemnify and hold the City harmless from any action, proceeding or claim of liability asserted against it as a result of the operation of an encroachment.

c. Are you requesting the closure of Lincoln Highway? ☐ Yes ☐ No

If yes, a certificate of insurance/comprehensive general liability policy or an additional named insured endorsement in the minimum amount of \$1,000,000 per person and \$2,000,000 aggregate, which names the Illinois Department of Transportation, its officials, employees and agents as insureds and, which protects them from all claims arising from the requested road closing. A copy of said policy or endorsement will be provided to the Department before the road is closed.

STATEMENT

The undersigned, being duly sworn, hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages, caused by the encroachment and that will indemnify and hold harmless the City from any action, proceeding or claim of liability asserted against the City resulting from the encroachment or from the issuance of the encroachment permit.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

FEES

- Application Fee: \$25.00
- Temporary Encroachment Permit: \$10 per day; up to a maximum of \$100 (April 1 – November 1)
- Continuous Encroachment Permit: \$100 (one-time fee)
- Outdoor Café Permit: \$100 per year (April 1 – November 1)
- Farmer's Market Permit: \$100 per year (June 1 – November 1)

Return completed application to:

City of DeKalb
Attn: Ruth Scott – City Manager's Office
164 E. Lincoln Highway
DeKalb, IL 60115
Email: ruth.scott@cityofdekalb.com

Please call (815) 748-2090 with questions regarding this application.