



Building Department
City of Dixon
121 W Second St
Dixon, IL 61021
Ph. 815-288-1403

RIGHT OF WAY PERMIT / DIG PERMIT APPLICATION

Date: _____ Permit#: _____

Applicant name: _____

PIN #: _____ Zoning: _____

Owner(s) name: _____

Address of repair: _____

Location of repair: _____

If street, what is the surface: _____

Signature of applicant: _____

Plumber name & phone: _____

Excavator name & phone: _____

Purpose of opening: _____ Water service line repair _____ Water main connection

_____ Waste water repair _____ Waste water connection

Permit Type: _____ ROW/Street opening _____ Yard/dig only

Estimated cost of repair/work: _____

_____ Right of way/Street opening: \$25.00 & Deposit on file _____ Yard/Dig Permit Only: \$25.00

_____ Right of way/Street opening: \$25.00 + \$200.00 Deposit = \$225.00

Fee due: _____

-----FOR OFFICE USE ONLY-----

_____ Plumber registered & current contractor _____ Copy of current plumbing license on file

_____ Excavator registered & current contractor _____ Self-not registered

Receipt#: _____ Tracking completed: _____

Deposit refund date: _____ Deposit check#: _____

Inspection date: _____ Inspector approval: _____

Approved by: _____ Issue Date: _____