

Village of Campton Hills
40W270 LaFox Rd Suite B
Campton Hills, IL 60175
T-630-584-5700
www.camptonhills.illinois.gov



Right of Way Permit Application

Date: _____ Utility Project #: _____

R.O.W. Job Address or Location: _____

Utility or Owner's Name: _____

Address: _____ Email: _____

City: _____ Zip: _____

Phone: _____ Cell: _____ Contact Name: _____

Contractor: _____

Address: _____ Email: _____

City: _____ Zip: _____

Phone: _____ Cell: _____ Contact Name: _____

Engineer: _____

Address: _____ Email: _____

City: _____ Zip: _____

Phone: _____ Cell: _____ Contact Name: _____

Proposed Construction: _____

The Contractor must submit a Certificate of Insurance, Naming the Village of Campton Hills as an Additional Insured.

A site plan must be submitted showing the location and type of work.

A permit for the above work is hereby authorized:

Date: ____/____/____ Building Official: _____ R.O.W. Permit#: _____