



**APPLICATION FOR HIGHWAY PERMIT -
SPECIAL EVENT**

DuPage County Division of Transportation
421 N. County Farm Road Wheaton, IL 60187-2553
(630) 407-6900 hwypermits@dupageco.org

DuPage County Office Use Only:

Application Tracking #:

Date
Rec'd.:

Tech:

**(TYPE ALL INFORMATION REQUESTED. INCOMPLETE APPLICATIONS
WILL NOT BE ACCEPTED AND WILL BE RETURNED.)**

EVENT DATE(S): From: _____ To: _____ **TIME (daily):** From: _____ To: _____

OWNER (OF EVENT) INFORMATION:

Group/Organization Name:			Contact:		
Address:		City:		State:	Zip:
Phone:	Fax:	E-mail:			
24 hour emergency #:	Type:	Website:			

PROJECT/EVENT LOCATION:

- **Attach copy of your event route map detailing use of County highway and/or trail limits clearly identified.**

County Route #(s):	County Route Name(s):
Limits of event (streets):	
Municipality(ies):	

EVENT INFORMATION:

- **Check/complete all information, as is applicable for your event.**
- **Attach copy of your event flyer and cover letter detailing event.**
- **Attach copy of event layout for rides, tents, etc., as is applicable for your event.**

TYPE EVENT:

<input type="checkbox"/> Run	<input type="checkbox"/> Walk	<input type="checkbox"/> Ride	<input type="checkbox"/> Parade	<input type="checkbox"/> Scouting/Civic	<input type="checkbox"/> School/Church	<input type="checkbox"/> Festival	<input type="checkbox"/> Farmer Market (Provide municipal permit copy)
<input type="checkbox"/> Ruggard Gazebo use (Provide Villa Park Parks & Rec permit copy)			<input type="checkbox"/> Earth Day Clean-up		<input type="checkbox"/> Prairie burns, seed collection		

EXTRA EVENT ITEMS:

<input type="checkbox"/> Tents	<input type="checkbox"/> Rides/Games	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Food	<input type="checkbox"/> Alcoholic beverages. (Provide local liquor sales permit copy)
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TRAFFIC CONTROL/SIGNAGE:

<input type="checkbox"/> Temporary road closure/detour	Date(s): From: _____ To: _____	Time: From: _____ To: _____
<input type="checkbox"/> Daily Lane closure(s)	Time: From: _____ To: _____	
<input type="checkbox"/> Informational event signage - Provide signage example(s).	<input type="checkbox"/> Digital Message Board - Provide completed 'Digital Message Board' form.	

CONTRACTOR INFORMATION:

- **Complete and attach 'Contractor Contact Information' form, as is applicable for your event.**



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IT IS HEREBY UNDERSTOOD BY THE UNDERSIGNED THAT UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made the application and it is true and correct to the best of my knowledge and belief. I agree to hold said event according to and with all provisions of the Ordinances of the County of DuPage and any and all local, state and federal statutes and/or codes. I realize that the information that I have affirmed hereon forms a basis for the issuance of the Highway Permit herein applied for and approval of event information submitted without variation unless prior written approval is obtained from the County Engineer or duly authorized assign in connection therewith. Approval shall not be construed to permit any hold an event upon or within said County highway and/or trail rights-of-way or use thereof in violation of any provision of any Ordinance of the County of DuPage or to excuse the owner or his/her successors and assigns from complying therewith.

NOTICE: THIS APPLICATION IS NOT A PERMIT AND IN NO WAY AUTHORIZES THE APPLICANT OR CONTRACTOR TO HOLD AN EVENT WITHIN THE COUNTY'S HIGHWAY AND/OR TRAIL RIGHTS-OF-WAY WITHOUT THE ISSUANCE OF A COUNTY HIGHWAY PERMIT.

COMMENCEMENT OF EVENT WITHOUT ISSUANCE OF A HIGHWAY PERMIT SHALL BE PROSECUTED TO THE FULL EXTENT OF APPLICABLE LAWS UNDER COUNTY ORDINANCE.

DuPage County and the Applicant's intent is that any emailed, faxed or digital signatures constitute original signatures, and the delivered application constitutes an original document, regardless of whether the application was received by DuPage County via facsimile, email, U.S. mail, commercial mail or hand delivered.

**GROUP/ORGANIZATION
CONTACT SIGNATURE:**

Date:

***ALL FEES SHALL BE MADE PAYABLE TO THE "DUPAGE COUNTY DIVISION OF TRANSPORTION".**

DUPAGE COUNTY DOT OFFICE USE ONLY

<u>Application Fee:</u>	Type payment:	Check/receipt #:	Date:	By:
<u>Permit Fees:</u>	Type payment:	Check/receipt #:	Date:	By: