CITY OF CHESTER
1330 Swanwick St.
Chester, IL 62233

EXCAVATION PERMIT

NAME _____

FIRM NAME IF APPLICABLE _____

ADDRESS _____

CITY _____ STATE _____ PHONE _____

LOCATION OF PROPOSED EXCAVATION _____

_____

_____

(CHECK ALL THAT APPLY): ☐ SIDEWALK ☐ STREET

NATURE OF EXCAVATION _____

_____

_____

AMOUNT OF DEPOSIT $_____

I have read the municipal law with regard to excavations and my firm or company intends to fully comply with the Street Regulations Code provisions.

_____
(Applicant's Signature)