



# Temporary Vehicle Permit Application

Community Development Department

Phone: (708) 354-1860

[www.countryside-il.org](http://www.countryside-il.org)

Fax: (708) 354-9029

Today's Date: \_\_\_\_\_

Off Street

On-street \* See Note

**- Subject to Approval -**

Name of Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

(Including street number, street name, and unit number, where applicable)

Dates- From: \_\_\_\_\_ (no more than 10 days) Through: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_ License Plate: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicle Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Recreational Vehicle                                     | <input type="checkbox"/> Shipping Container |
| <input type="checkbox"/> High cube/Step van                                       | Dumpster - size _____                       |
| <input type="checkbox"/> Tow truck  | Portable Storage Unit (POD)                 |
| <input type="checkbox"/> Dump truck   | Vehicle for use as living quarters          |
| <input type="checkbox"/> Tractor/ Backhoe/ Bobcat/End Loader                      | Other _____                                 |
| <input type="checkbox"/> Vehicle whose gross vehicle weight exceeds 8,000 pounds, |   |

Previous Permit This Year (20\_\_\_\_): \_\_\_\_\_ Permit Number: \_\_\_\_\_

\_\_\_\_\_ Permit Number: \_\_\_\_\_ \_\_\_\_\_ Permit Number: \_\_\_\_\_

**Submittals:** Please verify that you have provided all required information & fees.

- Description/ Details- materials, attachments, dimensions, etc.
- Fees- \$5 per day or portion thereof.

\* **On-street Parking Only** – If approved a certificate of Liability Insurance for \$1,000,000 is required showing the City of Countryside as additional insured. Pavement must be protected from damage by placing plywood under rollers and traffic warning barricades placed around the item in the street.

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application, is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application,

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Company Represented: \_\_\_\_\_

Check preferred  Phone: \_\_\_\_\_  Fax: \_\_\_\_\_  E-mail: \_\_\_\_\_

24 Hour Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_