Permit No. _____ County Highway No. _____

APPLICATION FOR ACCESS PERMIT

Marshall County Highway Department
552 State Route 26
Lacon, IL 61540
309-246-6401

Upon review of the completed application, a Marshall County Highway employee will contact you to make arrangements for installation of the entrance pipe as requested. Installation will be done by the Marshall County Highway Department. Please mark the location where pipe is to be installed.

The property owner/applicant will be billed for: Price of entrance pipe (currently HDPE)
Fill material (CA-6 Aggregate)

* * * * * * * * * * * * * *

Request for Access: ___ Agriculture ___Single Family Dwelling ___Subdivision ___Commercial

____New Access _____Modification of Existing Access ____Minor Access _____Major Access

Property Owner _____

Applicant _____

Address _____

Telephone: _____

Property Location _____

_____

Area of Property _____

Length of Frontage along County Highway _____

Location of Proposed Access Point (Address & Distance to Nearest Crossroad/Street) _____

_____

Office Use

Notes: _____

_____

APPROVAL DATE: _____ **Amount Billed: _____**

Date of Installation _____ Date Invoiced _____ Date Payment Received _____

Pipe Size/Cost _____ Fill Tonnage & Cost _____