

**APPLICATION & PERMIT TO WORK WITHIN
WASHINGTON COUNTY TRUNK HIGHWAY RIGHT-OF-WAY**

Permit Fee - \$50



APPLICANT INFORMATION

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____
Fax: () _____
Email: _____

THIS SECTION IS TO BE COMPLETED BY
THE HIGHWAY DEPARTMENT
PERMIT NUMBER:

*Select preferred method of contact upon approval or denial (check one)

Mail Fax Email

PROJECT LOCATION AND DETAILS

County Trunk Highway (and address if applicable): _____

Side of County Trunk Highway North South East West

_____ feet North South East West of intersection with _____

Municipality: Town Village City of _____ Parcel ID#: _____

Estimated Start Date: _____ Estimated Completion and Restoration Date: _____

Describe Proposed Work in Right-of-Way (Include a plan or sketch describing proposed work with this application):

The following general requirements shall be adhered to during the exercise of this permit:

The applicant shall restore the highway right-of-way to the satisfaction of the Highway Commissioner as soon as possible in order to avoid a hazard to the traveling public and erosion of exposed soils.

All work within the right-of-way shall be performed in such a manner so as not to interfere with traffic on the adjoining roadway. Dirt or debris deposited on highway pavement shall be removed immediately so as to not interfere with traffic.

The applicant agrees to hold harmless and indemnify Washington County, its officers, agents and employees against any loss or damage for any personal injury or property damage sustained by reason of the exercise of this permit.

The terms and conditions contained herein are agreed to by the applicant.

Signature of Applicant

Date

THIS SECTION IS TO BE COMPLETED BY THE HIGHWAY DEPARTMENT

Permit Application Approved / Denied — Approved Denied If approved, expiration date of permit: _____

Special Provisions: _____

Signature of Authorized Representative

Title

Date