

2011 ANNUAL PERMIT TO APPLY DUST CONTROL MATERIAL ON WASHINGTON COUNTY SECONDARY ROADS

TO THE APPLICANT: Please fill out and turn in this permit application and fee to the contractor who is applying the dust control. Your contractor will then forward this form to the Washington County Secondary Road Department for review and approval. After approval, the County will prepare the dust control area by blading and/or rocking prior to application of the dust control material.

Permit Fee Schedule:

| | |
|--|-----------|
| Annual Permit for 2 treatments received before May 1st | \$ 50.00 |
| Annual Permit for 2 treatments received after April 30th | \$ 100.00 |

APPLICANT (Please print): _____

STREET ADDRESS _____

CITY, ZIP CODE _____

PHONE # OF APPLICANT _____

EMAIL ADDRESS _____

LOCATION OF DUST CONTROL, if not same address as above:

(E911 Street Address) _____

(City) _____

Length of application to be applied _____

Name of contractor providing service: _____

Number of applications _____
(2 for full season dust control)

I, applicant, have contracted with the above mentioned contractor to apply a dust control material to a Washington County road. I have read the Washington County Dust Control Policy and I am aware that the County may, at any time deemed necessary, blade through this dust control area or add rock. I am also aware that in October my dust control area will be bladed and/or rocked in preparation for winter. I am aware that my green flags must be up and visible through October.

Initial here

Applicant Signature: _____ Date _____

For Office Use Only
Checked & approved by Washington County (Initial):