

APPLICATION FORM

NO TREATMENT ZONE: BRUSH CONTROL PROGRAM

TUSCOLA COUNTY ROAD COMMISSION
1733 Mertz Road
Caro, MI 48723
Telephone: (989) 673-2128 Fax: (989) 673-3294

The undersigned hereby requests that the Tuscola County Road Commission omit the treatment of weeds, brush and/or low hanging tree limbs along County road right of way abutting property owned by and generally described as follows:

Township of: _____ Section Number: _____

Road Name: _____ South/East/North/West
(Circle side of road on which property is located)

Property Address: _____

Nearest cross roads or identifying information:

Between: _____ and _____
Road Name Road Name

In consideration of the County's approval of the requested NO TREATMENT ZONE, the undersigned agrees to accept the annual responsibility for maintaining the roadside area by the yearly cutting of all roadside weeds, brush, and trimming low hanging tree limbs. The area to be maintained, being a minimum distance of 23 feet off the traveled portion of the road, and 15 feet above the road surface.

As the Applicant, I understand and agree that in such an event as the roadside weeds, brush and/or tree limbs are not cut or otherwise removed at the time of County operations or in subsequent years, the Road Commission reserves the right to remove same, acting in its sole discretion.

If approved, the Road Commission agrees to honor this permit, subject to the conditions herein and the posting of the NO SPRAY signs, i.e., Beginning and Ending signs being in place on the day of operations. The Road Commission will furnish identifying signs as specified in the County Brush Control Program to be placed by the property owner. The undersigned agrees to place the NO SPRAY signs on his/her property but no closer than 5 feet off the edge of pavement or gravel, and maintain them until the end of August.

Request submitted by: _____

Signature

Date

Print Name

Street Address

City, State and Zip Code

Telephone (Day)

Telephone (Evening)

Return to Tuscola County Road Commission.

Approved _____
Date

Denied _____
Date

Road Commission Representative: _____