

APPLICATION FORM

NO TREATMENT ZONE: BRUSH CONTROL PROGRAM

SHIAWASSEE COUNTY ROAD COMMISSION
701 W. Corunna Avenue
Corunna, MI 48817
Telephone: (989) 743-2228 Fax: (989) 743-5008

The undersigned hereby requests that the Shiawassee 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 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 October.

Request submitted by: _____
Signature Date

Print Name

Street Address

City, State and Zip Code

Telephone (Day) Telephone (Evening)

Return to the Shiawassee County Road Commission.

Approved _____ Denied _____
Date Date

Road Commission Representative: _____