



Dust Control Permit Application

Section A – Issued to:

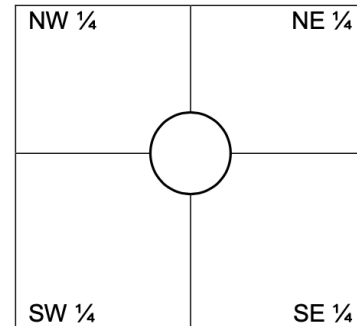
| | | | | | |
|-------------------|-------|----------|----------------|--|----------|
| Property Owner: | | | Email Address: | | |
| Property Address: | | | Township: | | Section: |
| City: | State | ZIP Code | Phone: | | |

Section B – Contractor Information:

| |
|--|
| Contractor Name: Deano's Road Dust Control |
| Pre-Approved Dust Control Product : # of Feet (1000' max): Deano's Dustroyer |
| <input type="checkbox"/> One Application <input type="checkbox"/> Two Applications |

Section C – Location

Please indicate location on the section plat with an "X". Label roads and section number.



Applicant Responsibilities:

- Submit **SIGNED** permit to a pre-approved contractor.
 - See policy for approved contractors
- Submit permit fee to selected contractor.
 - Fees:** \$25 before May 15th, \$50 thereafter
- Ensure treated areas remain marked.

Contractor Responsibilities:

- Submit signed and completed permits and fees to the County
- Notify the County three (3) business days prior to **each application**.
- Mark treated areas with markers provided by the County Engineer immediately after **each application**. Lath **MUST** be pounded in six (6) inches.
 - Markers are orange sleeves placed over wooden lath and indicate first application with 1 stripe and flag vertically to indicate second application with 2 stripes

County Responsibilities:

- Prepare road surface before each application.
- Re-blade following applications as necessary to keep the road surface in safe and proper condition.

Special Requirements:

Products may be applied between May 15th and September 30th or as approved, based on road conditions, by the Engineer.

Acceptance of Conditions: I agree to follow all conditions of the Winnebago County Dust Control Policy and contents of this permit.

Approval by Jurisdiction:

X _____
Winnebago County Engineer's Office Date

X _____
Property Owner (applicant) Date

X **Deano's Road Dust Control** _____
Contractor Date

Payment method: Check (# _____) Credit/ Debit (Confirmation # _____)

Please return Completed Permit/ Payment to:
DEANO'S ROAD DUST CONTROL
14711 210th Street
Mason City, IA 50401

