

HOWARD COUNTY
(ONE(1) TIME/LIFE TIME PERMIT)
ROAD CHEMICAL APPLICATION PERMIT

OWNER/APPLICANT: _____

ADDRESS: _____

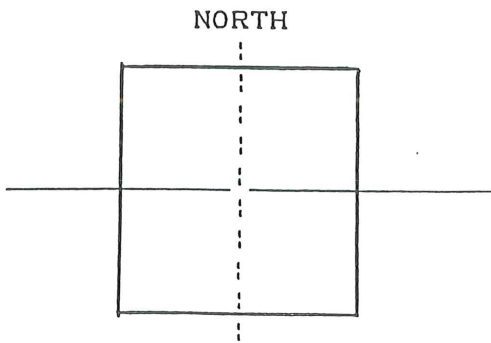
PHONE: () - _____

REQUEST AND LOCATION: I, the undersigned, request permission to apply dust control to a/an _____ foot length of road in front of a residence located approximately _____ feet _____ of the _____ Corner of Section _____ in _____ Township with _____ chemical.

CONDITIONS OF PERMIT:

I, the undersigned, certify that, by this application, I understand and agree to comply with the following conditions:

1. Road chemicals shall be applied by the applicant or an approved contractor for the owner.
2. The only materials approved for use on County roads are calcium chloride and lignin sulfonate. Used motor oil is not approved and shall NOT be used.
3. The applicant shall maintain the treated area and repair any and all roughness that may develop after the chemical is applied. Howard County shall maintain the road just prior to application of the chemical if given an adequate notice (usually 24 hours).
4. The County reserves the right to rework the treated area(s) and maintain this area(s) as loose granular surfaces if the applicant or their agent fails to maintain the treated area in a condition acceptable to the County.
5. The County typically maintains all crushed rock roads in the fall in preparation for winter. Roads that have received dust control chemical treatment shall also receive this fall/pre-winter maintenance, no exceptions.



BY: _____
Owner/ Applicant

DATE: _____

APPROVED BY: _____
Date