

**DRIVEWAY & ENTRANCE PERMIT
CONSTRUCTION AND/OR WIDENING
IN HAMILTON COUNTY, IOWA**

1. Hamilton County hereby authorizes the below listed contractor to construct OR widen an access on _____ side of the _____ ¼ of Section _____, _____ Township for the below listed landowner/tenant as specified by Hamilton County.

CONTRACTOR

LANDOWNER/TENANT

Phone # _____

Phone # _____

2. Hamilton County will inspect and approve site before and after construction.
3. Hamilton County will require at least two (2) working days notice prior to construction.
4. Access will be built by contractor as follows:
- *Top Width of _____ (Minimum 20' – Maximum 40')
- Slopes _____
- Culvert _____ X _____ L.F. [] No Culvert Required
- Surface Material _____ (provided by contractor).
- Top Widths over 32' will be assessed a surcharge of \$25.00 per foot payable to Hamilton County Secondary Roads. (Except double entrances).
5. All culvert material must be purchased from Hamilton County Secondary Roads.
6. Access shall be finished with a neat appearance and shaped in such a way that no water will run onto the traveled portion of the roadway.
7. If access is not built as specified above or in the County Policy, contractor will be given one opportunity to make the necessary corrections within a ten day period or Hamilton County will make the necessary corrections and bill all expenses to contractor.
8. It shall be the contractor's responsibility to have liability insurance covering all the construction operations and the contractor must have on file with Hamilton County a current Certificate of Insurance. (\$750,000 minimum).
9. The contractor shall notify Iowa One Call at 1-800-292-8989 at least 48 hours prior to work and protect existing utilities. The contractor is responsible for any damages as a result of their work in the right-of-way.
10. Contractor shall be familiar with the Hamilton County Secondary Road Department "Driveway and Entrance Policy".
11. Entrance cost due Hamilton County Secondary Roads from contractor:

[] Culvert _____ x _____ @ \$ _____/ft. = _____

[] Band(s) _____ @ \$ _____/ea. = _____
(Qty.) (Size)

[] Additional top width over 32' _____ @ \$25.00/ft. = _____

Contractor Total Cost = _____

Contractor / Date

Hamilton County / Date
Site Approval

Certificate of Insurance Received [] Yes [] No

Date Permit Expires: _____

Hamilton County / Date
Final Construction Approval

7-21-06 REVISED

Material Picked Up _____
Over Width Billed _____

Material Billed _____
Payment Received _____