

Dust Control Permit No. _____

Expiration Date _____

**PERMIT APPLICATION FOR
SURFACE APPLICATION OF DUST CONTROL MATERIAL
IN HAMILTON COUNTY, IOWA**

March 12, 2007

Applicant Name: _____ Tele. #: _____

Address: _____ Cell #: _____

City, State, Zip: _____ Fax #: _____

E-Mail Address: _____

Location (Township, Section): _____

Location (E-911 System): _____

Number of Applications Desired _____ Footage _____

Special Instructions _____

Contractor Name: _____ Tele. #: _____

(If different from applicant)

Address: _____ Cell #: _____

City, State, Zip: _____ Fax #: _____

PERMIT PROVISIONS

1. The contractor does agree in order to protect itself, as well as Hamilton County, to have in force a general liability insurance policy during the time of construction in the amount of at least Seven-hundred, fifty-thousand dollars (\$750,000). **A Certificate of Insurance will be provided to Hamilton County prior to any construction.**
2. Traffic control devices, procedures, layouts, signing, and pavement markings installed within the limits of this permit shall conform to the "Manual on Uniform Traffic Control Devices

