

FAYETTE COUNTY SECONDARY ROAD DEPARTMENT

PERMIT TO PERFORM WORK WITHIN COUNTY RIGHT OF WAY

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PLEASE PRINT

PERMIT NO. _____

APPLICANT NAME: _____ CIRCLE - OWNER RENTER

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER(S): _____

ADDRESS/LOCATION OF PROPOSED WORK: _____

SECTION _____ TOWNSHIP _____ 1/4 SECTION _____

ZONING / SUBDIVISION APPLICATION #: _____

DETAILED DESCRIPTION OF PROPOSED WORK (pave driveway, clean ditch, cut brush, tile maintenance, etc.)

DATE THE SITE WILL BE MARKED WITH A FLAG: _____

PERSON/CONTRACTOR DOING PROPOSED WORK: _____

I, (Print Full Name of Owner) _____, do solemnly swear that I have read the entire permit application and have fully completed all statements and provided all data called for herein truthfully and correctly and I agree to abide by all General Provisions and Special Provisions set forth herein.



SIGNATURE OF OWNER/APPLICANT _____ PRINT _____ DATE _____

OWNER ADDRESS, CITY, STATE, ZIP _____ OWNER PHONE NUMBER _____

FOR COUNTY USE

PRELIMINARY INSPECTION BY: _____ DATE: _____

FINAL INSPECTION BY: _____ DATE: _____

THE FOLLOWING SIGNATURE IS YOUR AUTHORITY TO PROCEED WITH THE WORK AS STATED ABOVE AND WITH REGARD TO THE SPECIAL PROVISIONS.

APPROVED BY: _____ COUNTY ENGINEER DATE: _____

*APPLICATION IS VALID FOR TWO (2) CALENDAR YEARS FROM APPROVAL DATE

GENERAL PROVISIONS FOR ALL WORK WITHIN COUNTY RIGHT OF WAY

1. At the time the application for permit is submitted, the applicant must have on file with Fayette County the **CERTIFICATE OF INSURANCE** from whoever is doing the proposed work.

Please Note: On the Certificate of Insurance, contractors are required to note the following:

"Fayette County is an additional insured as the County's interest may appear."

The County may, if deemed unnecessary by the nature of the proposed work, waive the requirement of Fayette County being listed as an additional insured.

2. Fayette County, its officers and employees assume no responsibility for property of permit holder by issuance of this permit.
3. The permit holder shall comply with the terms and conditions of the permit and any attached sheets. The permit holder shall take all reasonable precautions to protect and safeguard lives and property of the traveling public and adjacent property owners, and shall indemnify and hold harmless Fayette County, its officers and employees for any damages that may be sustained on account of such construction. The permit holder shall additionally reimburse Fayette County for any expenditure the County may have to make on account of such construction to repair the road system.
4. Iowa One Call is required to be contacted prior to digging per Iowa Code. The "One Call" phone number is 1-800-292-8989 or 811 and their website is www.iowaonecall.com.
5. The permit shall be void in case the construction work performed deviates from the work indicated on the permit. Any construction work that is done that deviates from the permit may be revoked by the County and the costs billed to the permit holder pursuant to Chapter 319, Code of Iowa, as amended by Chapter 1182 of the Laws of the 65111 General Assembly. The forgoing shall not limit or restrict any other remedies available to the County.
6. The permit holder must erect and maintain all barricades, warning devices, and signs as required by the current version of the Manual of Uniform Traffic Control Devices (MUTCD).
7. The permit holder must take steps necessary to avoid and reduce inconveniences to traffic whenever possible.
8. The permit holder must notify the Secondary Road Department in writing of the fact of the occurrence of any reportable accident that occurs while the work is being done.
9. The permit holder is responsible for notifying the Secondary Road Department within 15 days of completion. The work must be inspected for compliance.
10. No filling will be permitted in the right of way other than that necessary to construct the proposed work.
11. This permit expires two (2) years from the date of approval. Written requests for time extensions may be granted on a case by case basis.