

APPLICATION FORM

NO TREATMENT ZONE BRUSH CONTROL PROGRAM

MUSKEGON COUNTY ROAD COMMISSION
7700 East Apple Avenue
Muskegon, Michigan 49442
Telephone: (231) 788-2381 Fax: (231) 788-3567

The undersigned hereby requests that the Muskegon County Road Commission omit the treatment of weeds, brush and/or low hanging tree limbs along County road right of way abutting property owned by me and generally described as follows.

Township of: _____

Road Name: _____ South, East, North, West
(Circle side of road on which property is located)

Property Address: _____

Nearest Cross Roads or identifying information:
Between: _____ and _____
Road Name Road Name

In consideration of the County's approval of the requested **NO TREATMENT ZONE**, the undersigned agrees to accept the annual responsibility for maintaining the roadside area by the yearly cutting of all roadside weeds, brush and trimming low hanging tree limbs. The area to be maintained being a minimum distance of 15 feet off the traveled portion of the road and 15 feet above the road surface.

As the Applicant, I understand and agree that in such event as the roadside weeds, brush and/or tree limbs are not cut or otherwise removed at the time of County operations or in subsequent years, the Road Commission reserves the right to remove same, acting in its sole discretion.

If approved, the Road Commission agrees to honor this permit, subject to the conditions herein and the posting of the NO TREATMENT ZONE signs, i.e., Beginning and Ending signs being in place on the day of operations. The Road Commission will furnish identifying signs to be placed by the property owner. The signs are to be in place as specified in the County Brush Control Program Legal Notice. The undersigned agrees to place the No Treatment Zone signs on my property but no closer than 5 feet off the edge of pavement or gravel.

Request submitted by: _____
Signature Date

Print Name

Street Address

City, State and Zip Code

Telephone (Day) Telephone (Night)

Return to Muskegon County Road Commission ASAP

Approved [] _____ Denied [] _____
Date Date

Road Commission Representative: _____