

**IOWA COUNTY SECONDARY ROAD DEPARTMENT
GENERAL RIGHT OF WAY WORK PERMIT**

\$25 Fee _____
Insurance ___/___/___

Date of Application _____

I, _____, being the owner or agent for the owner, of a parcel of property, request permission to perform work in the county right of way adjacent to my property. The location of work to be done is located as follows:

Township Name _____ Township # _____, Range # _____, Section# _____, Road Name _____

Please mark the area of the requested work with a flag or similar object so we can locate it.

In signing and accepting this Right of Way Permit I agree to install and maintain the work according to County specifications. In the event a future road problem develops because of inadequate maintenance, the County reserves the right to perform necessary maintenance and charge the cost to the property owner and/or applicant.

Signature of Applicant: _____ Date _____

Owner (Print) : _____

Mailing Address for Approved Permit: _____

Phone: (_____) _____ Time to Call _____

The applicant must make an appointment with the Engineer's Office at (319) 642-3721 during normal business hours to review the site.

Not conforming or acquiring a permit is a violation of section 319.14 2003 Code of Iowa. Permit is valid for one year from issuance.

A certificate of insurance is required before releasing permit; all contractors are required to list Iowa County as an additional insured as the County's interest may appear.

Description of Work to be Performed. _____

For Engineer's Office Use Only

Comments _____

