2025 ANNUAL PERMIT TO APPLY DUST CONTROL MATERIAL ON WASHINGTON COUNTY SECONDARY ROADS

TO THE APPLICANT: Please fill out and turn in this permit application and fee to the contractor who is applying the dust control. Your contractor will then forward this form to the Washington County Secondary Road Department for review and approval. After approval, the County will prepare the dust control area by blading and/or rocking prior to application of the dust control material.

Permit Fee Schedule: Annual Permit, received b Annual Permit, received a	=		\$ 50.00 \$ 100.00
APPLICANT (Please print):	 		
STREET ADDRESS			·
CITY, ZIP CODE			
PHONE # OF APPLICANT			- Control of the Cont
EMAIL ADDRESS			
LOCATION OF DUST CONTR (E911 Street Address)	•		
(City)			
Length of application to be app	olied		ulivinsing and
Name of contractor providing s	service:		du e · · · · ·
Number of applications			•
l, applicant, have contracted w material to a Washington Cour Policy and I am aware that the this dust control area or add ro be bladed and/or rocked in pre be up and visible through Octo	nty road. I have re County may, at a ock. I am also aw eparation for winte	ntioned contractor to ead the Washingtor any time deemed ne are that in October	o apply a dust control o County Dust Control ocessary, blade through my dust control area may bright orange flags must
Applicant Signature:		D	ate
For Office Use Only			

Checked & approved by Washington County (Initial):