**Secondary Roads Department APPLICATION FOR ALTERATION**

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**19501 HWY 64, P.O. Box 368 OF PUBLIC RIGHT-OF-WAY**

**Anamosa, IA 52205**

**Telephone: (319) 462-3785** **Application No.: R-**

**Email:** **engineer@co.jones.ia.us** **Application Fee: $ 0.00**

APPLICANT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Applicant Name: Owner Name (if different):

Mailing Address:

 (Street Address) (City) (State) (Zip)

Phone Number: Cell Phone No.:

LOCATION OF PROPOSED ALTERATION

Address/Road Name: Township: Sec.:

Description of alteration:

Application Requirements:

1. The work described in this Application shall be completed as proposed in compliance with the requirements and special provisions within the time frame stated for said request. Failure on the part of the Applicant to abide by the requirements or in constructing the work described as stipulated and within the time frame stated shall render this Application and request null and void. The Applicant also agrees to save the County harmless of any damages or losses that may be sustained by any person, or persons, on account of the conditions and requirements of this Application.
2. Operations in the construction of the work to be performed shall be carried on in such a manner as to cause minimum interference to or distraction of traffic on said roadway.
3. The Applicant shall seed and mulch all disturbed areas within the roadway right-of-way and shall be responsible for the vegetative cover until it becomes well established. Any surfaced areas such as shoulders and sodded waterways and plantings which are disturbed shall be restored to their original condition.
4. No changes in the routing of drainage will be allowed that will alter the flow from its natural drainage way.
5. The Applicant is responsible for contacting Iowa One-Call (1-800-292-8989).
6. The Applicant agrees to give the County forty-eight (48) hours notice of its intention to start construction.

In signing and accepting this Application for Alteration of Public Right-of-Way I agree to perform alteration in accordance with the above stated requirements and any special provisions. The applicant shall be notified of non-conforming work and be required to make the necessary changes or be responsible for any costs required to correct any deficiencies.

Applicant Signature: Date:

FOR COUNTY USE ONLY

Special Provisions:

Approved by: Application Expiration Date: