

IOWA COUNTY SECONDARY ROAD DEPARTMENT

NO SPRAY PERMIT

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.: _____			

NO SPRAY LOCATION	
Address/ Road Name: _____	Township & Section _____
Location Description: _____ (Example: "From 200' N of driveway to 100' S of driveway)	
Side of Road: _____	Length of Location (ft): _____

Applicant Responsibilities:

1. Manage and installation of 'No Spray' signage. (Application fee include two (2) 'No Spray' signs)
2. Signs are to be mounted at least four (4) feet above the ground line and placed within three (3) feet of the right-of-way-line.
3. Control of noxious weeds (as listed in Chapter 317 of the Iowa Code), trees, and brush within designated No Spray Location.

In signing and accepting this No Spray Application I agree to control and growth of noxious weeds, trees, and brush within No Spray Location as listed above and according to the Iowa County No Spray Application Policy. If Applicant does not control noxious weeds, trees, and brush within designated No Spray Location the County may cut, spray, or otherwise control the noxious weeds, trees, and brush according to County practice and this Applicant shall be null and void. Permit is valid up to 2 years.

Fee Structure	
Application & 2 Signs	\$60
Extra Signs	\$20 / each
Permit (no signs needed)	\$20

Applicant Signature: _____

Date: _____

NOTES:
