



SECONDARY ROAD DEPARTMENT
4810 MELROSE AVENUE WEST
IOWA CITY, IOWA 52246
TEL (319) 356-6046 FAX (319) 339-6133

PERMIT FOR 50/50 ROCK SHARE

PLEASE PRINT

APPLICANT NAME: _____
 MAILING ADDRESS: _____
 CITY, STATE, ZIP: _____
 CONTACT NAME: _____
 PHONE NUMBER(S): _____

ADDRESS/LOCATION OF PROPOSED WORK: _____

PERSON/CONTRACTOR DOING PROPOSED WORK: _____

****PLEASE NOTE: ROCK TICKETS MUST BE TURNED IN WITH FINAL BILL TO BE REIMBURSED AND ONLY THE AUTHORIZED AMOUNT WILL BE REIMBURSED (APPLICANT RESPONSIBLE FOR ALL COSTS OVER APPROVED AMOUNT)****

I, (Print Full Name) _____, do solemnly swear that I have read the entire permit application and have fully completed all statements and provided all data called for herein truthfully and correctly and I agree to abide by the General Provisions, and the Special Conditions attached to and made a part herein.

 SIGNATURE OF APPLICANT

 DATE

FOR COUNTY USE

Approved Amount: _____

Approved Product: _____

PRELIMINARY INSPECTION BY: _____

DATE: _____

FINAL INSPECTION BY: _____

DATE: _____

CERTIFICATE OF INSURANCE VERIFIED: YES NO

THE FOLLOWING SIGNATURE IS YOUR AUTHORITY TO PROCEED WITH THE WORK AS STATED ABOVE AND WITH REGARD TO THE SPECIAL PROVISIONS.

APPROVED BY: _____

DATE: _____

COUNTY ENGINEER

***APPLICATION IS VALID FOR 30 DAYS FROM APPROVAL DATE
 APPLICANT MUST NOTIFY THE SECONDARY ROAD DEPARTMENT
 WITHIN 48 HOURS AFTER ROCK HAS BEEN APLIED**