

**CRAWFORD COUNTY ROAD COMMISSION**

**Permit Application to construct, Operate, Maintain, Use and/or Remove Within a County Road Right-of-Way**

**Contact Crawford County Road Commission for a Complete Schedule of Fees**

If applicant hires a contractor to perform the work, BOTH must complete this form and BOTH assume responsibility for the provisions of this application and permit.

APPLICANT MAILING ADDRESS FOR PERMIT			CONTRACTOR		
Applicant's Name:			Contractor's Name:		
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone Number:			Phone Number:		
Fax Number:			Fax Number:		

(Applicant's Signature)			(Contractor's Signature)		
Title: _____	Date: _____		Title: _____	Date: _____	

FINANCIAL REQUIREMENTS	ATTACHMENTS REQUIRED
Permit Fee: _____	Plans and Specs: _____
Bond: _____	
Receipt Number: _____	Proof of Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant and/or Contractor Request a Permit for the purpose indicated in the attached plans and specifications at the following location:

CITY: \_\_\_\_\_ /or TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_  
 Name of Road \_\_\_\_\_ Between \_\_\_\_\_ and \_\_\_\_\_  
 for a Period Beginning \_\_\_\_\_ and Ending \_\_\_\_\_  
 and agrees to the terms of the permit.

**THIS PERMIT COVERS THE FOLLOWING ACTIVITIES:**

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