

Keokuk County Highway Department

Work in County Right of Way Permit

Permit # \_\_\_\_\_

Applicant/Landowner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work Location

E911 Address: \_\_\_\_\_

Township Name: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Location map with sufficient detail attached?

Additional directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature

The undersigned requests a permit for the work described above and agrees to comply with the requirements of the Keokuk County Work in County Right of Way Policy and terms of the permit.

By: \_\_\_\_\_ Date: \_\_\_\_\_

-----

Office Use

Contractor insurance certificate on file

Pink flags provided