

FREMONT COUNTY DEPARTMENT OF TRANSPORTATION
CATTLE GUARD PERMIT

PERMIT # _____ INSURANCE POLICY # _____ PERMIT BOND # _____

APPLICANT: _____

CONTRACTOR NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CATTLE GUARD LOCATION: (CR & MM) _____ CATTLE GUARD # _____

SURFACE TYPE: _____

PURPOSE OF PERMIT: CLEAN REPLACE REPAIR INSTALL

TRAFFIC PLAN: _____

REQUEST DATE: _____ COMPLETION DATE: _____

WIDTH _____ (If new install, must be 24' wide)

LOCATION SKETCH

IN ACCEPTING THIS PERMIT THE UNDERSIGNED, REPRESENTING THE PERMITTEE, VERIFIES THAT HE/SHE HAS READ AND UNDERSTANDS ALL APPLICABLE RESOLUTIONS, ORDINANCES, RULES AND REGULATIONS; THAT HE/SHE HAS THE AUTHORITY TO SIGN FOR AND BIND THE PERMITTEE, THAT THE PERMITTEE IS BONDED AND INSURED WITH FREMONT COUNTY. BY VIRTUE OF SIGNATURE IS BOUND BY ALL THE CONDITIONS APPLICABLE.

PERMIT IS VALID FOR 30 DAYS

SIGNATURE

DATE

DEPT OF TRANSPORTATION REPRESENTATIVE

DATE

PERMIT FEE \$ _____
GUARD FEE \$ _____
TOTAL FEE \$ _____

JOB NUMBER _____
CASH _____ CHECK _____
BILL _____ DATE _____

FOR QUESTIONS, CALL 275-2047

FAX BACK TO: 719-275-2120