



# Dust Control Permit Application

OFFICE OF THE  
DECATUR COUNTY ENGINEER

1306 S. Main St.  
Leon, Iowa 50144

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TO THE APPLICANT: Please fill out and turn in this permit application and any applicable fees to the contractor who is applying your dust control. Your contractor will then forward this form to the Decatur County Secondary Road Department for

## Application:

Name of Applicant: \_\_\_\_\_  
(Print)

Applicant Mailing Address:

(E911 Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_  
(Home) (Cell)

Location of Dust Control, if different from mailing address:

(E911 Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

Length of application to be applied \_\_\_\_\_

Name of contractor providing service: Jerico Services - Liquidow Calcium Chloride

Number of applications: \_\_\_\_\_

I, applicant, have contracted with the above-mentioned contractor to apply a dust control product to a Decatur County road. I have read the Decatur County Dust Control Policy and I am aware that the County may, at any time deemed necessary, blade through this dust control area or add rock. I am also aware that in October my dust control area may be bladed and/or rocked in preparation for winter. I am aware that proper flags must be up and visible for the duration of this agreement.

Applicant Signature: \_\_\_\_\_

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

For Office Use Only  
Checked and Approved by Decatur County (Initial):