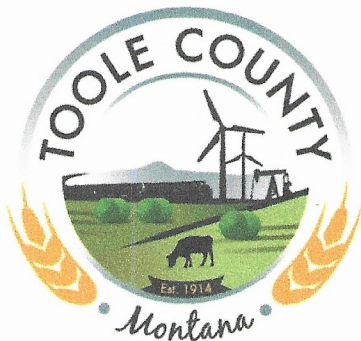


Mary Ann Harwood - Commission Chair
Terry Tomsheck - Commissioner
Terry Kimmet - Commissioner
Merle Raph - County Attorney
Dan B. Whitted - Coroner
Tyler Padilla - Sheriff



Debra Munson - Clerk of Court
Trevia Nelson - Clerk & Recorder/
Election Administrator
Donna Whitt - Justice of the Peace
Boyd Jackson - Treasurer/Assessor/
Superintendent of Schools
Phyllis Robertson - Public Administrator

226 1ST Street South
Toole County Courthouse, Shelby, MT 59474
406-424-8300 www.toolecountymt.gov

PERMISSION TO CROSS TOOLE COUNTY ROADS

The Board of Toole County Commissioners hereby grants permission to (name of entity) _____ to cross the county road described as follows: (section, township, range; please attach a map) _____
Width of ditch _____ Minimum depth of ditch _____
Size of line _____

All lines must be buried at a minimum depth of **six (6) feet**, ditch included and marked on one end at the edge of right of way signifying type of line buried. All non-metal lines must be marked for location with a metal strip buried 18 inches above the line for the full width of the road crossing.

- If ditched, ditch must be filled and compacted with a hand tamper every six (6) inches from the bottom up. If it is a gravel road, the gravel must be replaced. Settling and repairing crossings shall be the contractor's responsibility for two (2) years.
- Aerial crossings will be at right angles to the roadway. Crossings should have a minimum clearance of 21 ft over the roadway. No poles or guys, etc., can be installed within the controlled access right-of-way.
- Work must be done in daylight hours, and as speedily as possible so as not to inconvenience the motorist any more than necessary. Construction signs must be properly displayed to ensure safety. If traffic is to be delayed more than _____ hours, a detour must be provided.
- The applicant and the contractor must have **proof of insurance in the Commissioners' office** before this application is valid.

APPLICANT: Hereby agrees to this contract.

GPS Location:

(Name and Title)

(Date)

N _____

W _____

TOOLE COUNTY ROAD SUPERVISOR

BOARD OF TOOLE COUNTY COMMISSIONERS

Date: _____

Toole County Commissioner

FINAL INSPECTION

TOOLE COUNTY ROAD SUPERVISOR

(Date)

Prior Permit Approval Fee: **FREE**

Failure to Obtain Permit Prior to Work Fee: \$250