



**Application Form
Phragmites Control Program
No Treatment Zone Permit**

MACOMB COUNTY DEPARTMENT OF ROADS
117 South Groesbeck highway
Mt. Clemens, MI 48043
Phone: 586.463.8671 Fax: 586.463.8682

The undersigned hereby requests that the above entity omit the treatment of phragmites along Department of Roads right of way abutting property owner by me generally described as follows:

Township: _____ Address: _____

Road Name: _____ Side of road property is located on: N S E W
(Circle One)

Nearest Cross Roads: Between _____ and _____
(Road Name) (Road Name)

In consideration of the Macomb County Department of Roads' (MCDR) approval of the requested NO TREATMENT ZONE PERMIT, the undersigned agrees to accept the responsibility for maintaining the roadside area by the cutting of all roadside phragmites and brush. The area to be maintained shall be a minimum distance of 20 feet from the edge of the traveled portion of the road. As the Applicant, I understand and agree that in such event as the phragmites and brush are not cut or otherwise removed at the time of MCDR operations, the MCDR reserves the right to remove same, acting within its sole discretion. If approved, the MCDR agrees to honor this permit, subject to the conditions herein and the posting of the NO TREATMENT ZONE signs, i.e. beginning and ending signs being in place on the day of operations. MCDR will furnish identifying signs to be placed by the property owner. The signs are to be 8.5 x 11 inches minimum and placed at the beginning and end of property boundaries. The undersigned agrees to place the NO TREATMENT ZONE signs on their property but no closer than 5 feet off the edge of pavement or gravel.

Submitted by: _____



**Application Form Continued
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Submitted by: _____

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City / State / Zip: _____

Phone (day): _____ (night): _____

Email Address: _____

If you have any questions regarding this Application form, please contact St Clair County Road Commission at (810) 364-5720 or roads@stclaircounty.org. Thank you.



FOR OFFICE USE ONLY

___ Approved Date: _____

___ Denied Date: _____

By St Clair County Road Commission Representative: _____

Printed Name of Representative: _____