

**2024 APPLICATION FORM**

**NO TREATMENT ZONE: BRUSH CONTROL PROGRAM**

SAGINAW COUNTY ROAD COMMISSION  
3020 Sheridan Avenue  
Saginaw, MI 48601  
Telephone: (989) 752-6140 Fax (989) 752-8934



The undersigned hereby requests that the Saginaw County Road Commission omit the treatment of weeds, brush and/or low hanging tree limbs along county road right of way abutting property owned by and generally described as follows:

Township of: \_\_\_\_\_

Section Number: \_\_\_\_\_

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

South / East / North / West  
(Circle side of road on which property is located)

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

*Nearest crossroads or identifying information:*

Between: \_\_\_\_\_ and \_\_\_\_\_  
Road Name Road Name

In consideration of the County's approval of the requested NO TREATMENT ZONE, the undersigned agrees to accept the annual responsibility for maintaining the roadside area by the yearly cutting of all roadside weeds, brush and trimming low hanging tree limbs. The area to be maintained, being a minimum distance of 23 feet off the traveled portion of the road, and 15 feet above the road surface.

As the Applicant, I understand and agree that in such event as the roadside weeds, brush and/or tree limbs are not cut or otherwise removed at the time of County operations or in subsequent years, the Road Commission reserves the right to remove same, acting in its sole discretion.

If approved, the Road Commission 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. The Road Commission will furnish identifying signs as specified in the County Brush Control Program Legal Notice, to be placed by the property owner. Contractor or county forces will remove the Beginning and Ending signs. The undersigned agrees to place the No Treatment Zone signs on his/her property but no closer than 5 feet off the edge of pavement or gravel.

Request submitted by: \_\_\_\_\_

Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State and Zip Code

\_\_\_\_\_ Telephone (Day)

\_\_\_\_\_ Telephone (Evening)

Return to Saginaw County Road Commission by **June 27, 2024**

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Approved  \_\_\_\_\_ Date

Denied  \_\_\_\_\_ Date

Road Commission Representative: \_\_\_\_\_