

## "No Spray" Program Property Owner Agreement

Upload this form when submitting your online application.

Questions? Contact us at roadpermits@co.washington.or.us or (503) 846-ROAD.

| I,   | (print naı  | me), do hereby dec  | clare that I am the owner of the pro   | perty   |
|--|---|---|--|---|
| located at (address)   |   |   |  |   |
| in Washington County and that I he participate in the "No Spray" program   |   | •   | •  |   |
| Road No. 1   | Road N  | 0. 2  | Road No. 3   | _   |
| Sign Placement   | CONDI   | TIONS   |  |   |
| object. Trees, buildings, m Signs should be four (4) fe shoulder. Place the "X" sign at the b Spray" area to be exempt felf you and your neighbor he and installed as a continuous. Keep all weeds, grass, be sign is damaged, return the Vegetation Management Manage the vegetation in maintained so as not to co Drainage - Storrensure proper roblockage. Sight Distance - | ailboxes, County sign postet above the shoulder. Note that above the shoulder. Note that are as that are as the property of the county of the | sts and utility poles a Never place signs in at the end of the a are not to be spray sion.  ay from the signs to Division (503.846.762)  the identified "No sick: e first three feet of romay have short gradersections and on cu | area not to be treated to delineate the red, ensure that the signs are coordinated, ensure their visibility at all times (23) for replacement.  Spray" area, to ensure the following coad shoulder must be free of vegetatings that slow the flow of water with the red of the red shoulder and roadway. | ation. of the e "No nated . If a g are ion to |
| Failure to Maintain  |   |   |  |   |
| <ul> <li>Spray the right-of-</li> <li>Perform the nece</li> <li>finesse as the pro</li> </ul>  | -way with herbicide;<br>essary vegetation manag   | ement (which may  | e the County to exercise its right to: not be completed with the same lev  | el of   |
| No Spray signs needed?   | es No   | (\$17.50 per pair)  |  |   |
| Owner  |   |   |  |   |
| Printed Name   |   | County Use Only   |  |   |
| Mailing Address (if different than site add  | dress)  |   | Agreement #  |   |
| Phone  |   | Agreement [   | Date Termination Da  | ate   |
| Email  |   |   |  |   |

Approved as to Form:
/s/ Cortney Duke-Driessen
Assistant County Counsel
Date: April 8, 2015

Signature (Typed name accepted for signature)

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