Form RW A1R

State of Montana
Department of Transportation Outdoor Advertising
SITE CLEARING APPLICATION
THIS FORM MUST BE COMPLETED IN FULL

OFFICIAL USE ONLY

Permit # _____

BEGIN DATE _____

END DATE _____

County _____

RTE _____ MP _____

Side of Hwy: LT ☐ RT ☐

Owner Code _____

Sign Face S. F. _____

SIGN OWNER: _____ Telephone (_____) _____
Last *First*

Address _____ City _____ State _____ Zip _____

EMAIL ADDRERSS_____

CONTRACTOR INFORMATION:

_____ Telephone (_____) _____
Last *First*

Address _____ City _____ State _____ Zip _____

EMAIL ADDRESS_____

LOCATION OF OUTDOOR ADVERTISING STRUCTURE:

Highway # _____ Nearest Milepost _____ Side of Highway _____
N, S, E, W

County _____ Distance & Direction to Nearest Sign _____

TYPE OF VEGETATION REMOVAL: (Sign must be 2 years old)

TRIM BRUSH _____ TRIM TREES _____

ATTACH THE FOLLOWING INFORMATION:

1. **Proof of service of notification to adjacent property owners**
2. **Proof of liability insurance**
3. **Type of herbicides to be used, if any (Must be approved by the District)**
4. **Site Drawing showing vegetation to be affected**
5. **Proof of $1000 Performance Bond or $1000 deposit**
6. **Encroachment permit approved by the District Maintenance Chief**

CAUTION
Failure to stay in compliance with all local sign regulations may result in revocation of this permit

LOCAL GOVERNMENT APPROVAL OF SITE CLEARING:

(City of)(County of) _____

SITE CLEARING APPROVED ☐ **SITE CLEARING DENIED** ☐

Signature of authorized local government authority _____

Printed Name of authorized local government authority_____

Title _____ Date _____

Signature of Sign Owner **Date** **Signature of Contractor** **Date**

FOR OFFICE USE ONLY

I hereby recommend _____ Date _____
(approval/denial)

Signature _____ _____District
Coordinator, Outdoor Advertising Control

Application _____ Date _____
(approval/denial)

Signature _____
District Maintenance Chief