

Cowlitz County Department of Public Works
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OWNER MAINTAINED AREA PERMIT RIGHT-OF-WAY VEGETATION MANAGEMENT PROGRAM

I. Property Owner/Applicant Information

Name: _____ Phone: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ Zip: _____

II. Location

Road Name: _____ Site Address: _____

III. Agreement – Applicant Agrees to the Following Conditions: (Applicant to Initial Each Section)

___ I agree to maintain vegetation within the Cowlitz County road right-of-way in accordance with the current Cowlitz County Vegetation Management Program. This includes the control of vegetation within the shoulder areas, ditches and slopes. I further agree to prevent the growth of any vegetation named on the Cowlitz County Noxious Weed List.

___ I agree to post and maintain official "Owner Maintained Area" signs on the borders of my property in accordance with the attached diagram. I further understand that failure to properly place and/or maintain the signs so they are clearly visible to County personnel may result in the County performing vegetation control activities within the subject area without prior notice.

___ I understand that this agreement applies to mechanical vegetation control (grass mowing, brush clearing/cutting) and the application of herbicides.

___ I accept the responsibilities outlined in this agreement. I further agree that my performance under this agreement is at my sole risk, and I shall indemnify Cowlitz County, its agents and employees, and hold them harmless from any and all liability for damage, costs, and expense resulting from, arising out of, or in any way connected with this agreement, or from my failure to perform fully thereunder. I further agree to defend Cowlitz County, its agents and employees, against all suits, actions, or proceedings brought by any third party against them for which I would be liable thereunder.

___ I understand this agreement is not transferable.

___ I understand if I do not maintain the vegetation in accordance with the Cowlitz County Vegetation Management Program, this agreement becomes null and void, and vegetation within the subject right-of-way will be maintained by Cowlitz County personnel.

IV. Signature *(The undersigned has read, understands and accepts the terms and conditions set forth herein.)*

Name: _____ Signature: _____ Date: _____
(Please Print)

Acknowledgement – Cowlitz County Representative

Name: _____ Signature: _____ Date: _____

Permit Fee: \$75