

# COUNTY OF SAGINAW

**BRIAN J. WENDLING**  
**PUBLIC WORKS COMMISSIONER**

Governmental Center  
111 S. Michigan Avenue  
Saginaw, Michigan 48602-2086  
Phone 989-790-5258 • FAX 989-790-5259



## **APPLICATION FORM**

### **NO TREATMENT ZONE: BRUSH CONTROL PROGRAM**

The undersigned hereby requests that the Saginaw County Public Works Commissioner omit the treatment of weeds, brush and/or low hanging tree limbs along the following County Drain right of way (ROW) abutting property owned by and generally described as follows:

Township of: \_\_\_\_\_ Section Number: \_\_\_\_\_

Parcel Number \_\_\_\_\_

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

*Nearest cross roads 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 drain ROW area by the yearly cutting of all roadside weeds, brush and trimming low hanging tree limbs. The area to be maintained, being a minimum of the drainage ditch and a distance of 20 feet from the top of the ditch bank.

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

If approved, the Public Works Commissioner agrees to honor this permit, subject to the conditions herein.

Request submitted by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Print Name \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

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

Public Works Commissioner or Representative: \_\_\_\_\_