



**SPECIAL AGRICULTURAL PERMIT**  
**Seasonal**

**APPLICANT**

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENTS REQUIRED**

Bond (if required)

Proof of Insurance (if needed)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

P.I. \$ \_\_\_\_\_ P.D. \$ \_\_\_\_\_

\*\* Other: Fee: \$50.00

\*\*Carry a copy of permit in cab\*\*

**IMPORTANT:** Your insurance policy **MUST** carry following statement as an "Additional Insured":

"The Board of County Commissioners, The Board of County Road Commissioners, The Van Buren County Road Commission, and their officers and employees, for claims arising out of, under, or by reason of operations covered by the permit issued to the permittee, as their interests may appear."

**APPLICATION**

Applicant hereby requests a Permit for the purpose indicated at the following location:

TOWNSHIP: \_\_\_\_\_ ROAD NAME: \_\_\_\_\_

between \_\_\_\_\_ and \_\_\_\_\_ for a period beginning \_\_\_\_\_ and ending \_\_\_\_\_

And Agrees to the terms of the permit shown on the reverse side of this form.

INDICATE WHAT YOU PLAN TO MOVE (size, weight) \_\_\_\_\_

SPECIFY VAN BUREN COUNTY ROAD BEING USED: \_\_\_\_\_

**PERMIT**

A permit is granted in accordance with the foregoing application for the period stated above, subject to the terms on reverse side agreed to by the Applicant.

Permit Issued By: \_\_\_\_\_  
\_\_\_\_\_

Date Permit Mailed: \_\_\_\_\_

Date Permit Faxed: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_