



**State of Montana
Department of Transportation Outdoor Advertising**

Form RW A1R

SITE CLEARING APPLICATION

THIS FORM MUST BE COMPLETED IN FULL

SIGN OWNER: _____ Telephone (____) _____

Address _____ *Last* _____ *First* _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____

CONTRACTOR INFORMATION:

_____ Telephone (____) _____

Address _____ *Last* _____ *First* _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____

LOCATION OF OUTDOOR ADVERTISING STRUCTURE:

Highway # _____ Nearest Milepost _____ Side of Highway _____

County _____ Distance & Direction to Nearest Sign _____ *N, S, E, W*

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

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

OFFICIAL USE ONLY

Permit # _____

BEGIN DATE _____

END DATE _____

County _____

RTE _____ MP _____

Side of Hwy: LT RT

Owner Code _____

Sign Face S. F. _____

CAUTION

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

FOR OFFICE USE ONLY

I hereby recommend _____ Date _____
(approval/denial)

Signature _____ District _____
Coordinator, Outdoor Advertising Control

Application _____ Date _____
(approval/denial)

Signature _____
District Maintenance Chief