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| PART I: PERMIT OWNER INFORMATION (APPLICANT)MoDOT Permit Number(s):      Owner Name:      Contact Person:      Mailing Address:      City:       State:       Zip Code:      Telephone Number:       | CONTRACTOR INFORMATION[ ]  SAME AS PERMIT OWNER*or*Contractor Name:      Contact Person:      Mailing Address:      City:       State:       Zip Code:      Telephone Number:       |
| **PART II: LOCATION OF OUTDOOR ADVERTISING STRUCTURE**The sign is visible from Highway/Route       in       County.  Traveling: [ ]  North [ ]  South [ ]  East [ ]  West, the sign is located on the RIGHT side of the road and approximately       [ ]  MILES [ ]  FEET [ ]  BEFORE [ ]  AFTER       . (state or county intersecting route)   |
| **PART III: TYPE OF VEGETATION REMOVAL & LOCATION****[ ]**  Trim Brush/Mowing/Brush Hogging **[ ]**  Cut Trees between April 1 through October 31, trees must be marked.**[ ]**  Trim Trees between April 1 through October 31, trees **[ ]**  Cut Trees between November 1 through March 31. must be marked. **[ ]**  Trim Trees between November 1 through March 31. **[ ]**  Spray: Type of herbicide      **[ ]**  Distance of vegetation removal from front face:       FEET **[ ]**  Distance of vegetation removal from back face:       FEET (if applicable) |

#### PLEASE ATTACH THE FOLLOWING INFORMATION:

[ ]  Proof of $1000 Performance Bond or $1000 deposit (**MAKE CHECKS PAYABLE TO: DIRECTOR OF REVENUE, CREDIT STATE ROAD FUND)**

[ ]  Attach site drawing showing distance from each sign face(s) of vegetation to be affected

*Applicant agrees to hold harmless the Commission and MoDOT, its officers, employees, agents and assigns; or any person, firm or corporation in privity with Commission and MoDOT from all liability, judgments, costs, expenses and claims growing out of damages of any nature whatsoever, to any person or property arising out of performance or non-performance of said work, or existence of said improvements. The Applicant shall carry commercial general liability insurance and commercial automobile liability insurance from a company authorized to issue insurance in Missouri, and to name the Commission, and MoDOT and its employees, as additional named insured in amounts sufficient to cover the sovereign immunity limits for Missouri public entities as calculated by the Missouri Department of Insurance, Financial Institutions and Professional Registration, and published annually in the Missouri Register pursuant to Section 537 .610 R.S.Mo.*

*Applicant shall inspect the property before vegetation control and evaluate all potential risks, both seen and unseen.  Applicant waives all rights to claims against the Commission, and MoDOT, its officers, employees, agents and assigns; or any person firm or corporation in privity with Commission and MoDOT arising due to injuries resulting from the actions of applicant, its agents, officers, employees, or assigns under the permit.  Applicant also acknowledges that in the event a highway improvement project occurs during the period of this permit, it must receive prior approval from the contractor to continue utilizing the permit during the period of construction.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Permit Owner (Applicant) Date Signature of Contractor Date

 ***Our mission is to provide a world-class transportation system that is safe, innovative, reliable and dedicated to a prosperous Missouri.***

**The applicant, by signature, agrees that the information provided in this application is complete and accurate.**

STATE OF      , County of

      , being of lawful age and first duly sworn, upon his oath deposes and states:

 **(Name of Applicant)**

***CHECK ONE:***

([ ] ) That I am the above-mentioned individual.

([ ] ) That I am the      of       which is organized under the laws of

 (title) (name of corporation)

       , with its principal office and place of business in

 (state) (city, state)

 and that I have the power and authority for and on behalf of said corporation to make this affidavit and in its behalf, and do so make same.

 ([ ] ) That I am the       of       which is not a corporation and that I have

 (title) (name of firm)

 the power and authority for and on behalf of said firm and its members and owners to make this affidavit for in its and their behalf, and do so make same.

 That I have read the foregoing and that the facts set out therein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_.

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Notary Public**

#### Mail the completed application, and enclosures to the area specialist for the county in which the sign

#### structure is located. An incomplete or incorrectly completed application shall be rejected and returned.

**Financial questions, contact the Outdoor Advertising Technician at 573-522-1725 or** **ODATech@modot.mo.gov**

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| Area 1 (816) 607-2049**Missouri Department of Transportation****600 NE Colburn Rd****Lee’s Summit, MO 64086****Attn: Outdoor Advertising Permit Specialist**Counties: Andrew, Atchison, Buchanan, Caldwell, Carroll, Clay Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Jackson, Lafayette, Livingston, Mercer, Nodaway, Platte, Ray, Worth | Area 2 (573) 690-3339**Missouri Department of Transportation****111 Francis Dr****Troy, MO 63379****Attn: Outdoor Advertising Permit Specialist**Counties: Adair, Audrain, Boone, Callaway, Chariton, Clark, Cooper, Grundy, Howard, Knox, Lewis, Lincoln, Linn, Macon, Marion, Monroe, Montgomery,Pike, Putnam, Ralls, Randolph, Saline, Schuyler, Scotland, Shelby, Sullivan | Area 3 (314) 453-1870**Missouri Department of Transportation** **1590 Woodlake Dr****Chesterfield, MO 63017****Attn: Outdoor Advertising Permit Specialist**Counties: Crawford, Franklin, Gasconade, Jefferson, Phelps, Pulaski, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, Washington |
| Area 4 (417) 895-7648**Missouri Department of Transportation****PO Box 868****Springfield, MO 65801****Attn: Outdoor Advertising Permit Specialist**Counties: Barry, Barton, Cedar, Christian, Dade, Douglas, Greene, Jasper, Lawrence, McDonald, Newton, Ozark, Stone, Taney,Vernon, Webster, Wright | Area 5 (573) 751-7187**Missouri Department of Transportation****PO Box 718****Jefferson City, MO 65102****Attn: Outdoor Advertising Permit Specialist**Counties: Bates, Benton, Camden, Cass, Cole, Dallas, Henry, Hickory, Johnson, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Pettis, Polk, St. Clair | Area 6 (573) 472-5352**Missouri Department of Transportation****2675 N Main Street****Sikeston, MO 63801** **Attn: Outdoor Advertising Permit Specialist**Counties: Bollinger, Butler, Cape Girardeau, Carter, Dent,Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Reynolds,Ripley, Scott, Shannon, Stoddard, Texas, Wayne |
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 **Additional forms and information available at** [**https://www.modot.org/outdoor-advertising-home**](https://www.modot.org/outdoor-advertising-home)