

KENT COUNTY ROAD COMMISSION

**APPLICATION FOR SPRINGTIME ROAD
BONDING**

Date_____

Applicant _____ Address_____

Contact _____ City_____ State____ Zip_____

Telephone # _____ Fax# _____

Route _____

Commodity being hauled _____ Trips per day_____

Briefly describe the necessity to haul legal loads_____

This application, if approved, shall authorize the movement of legal loads only. All trucks bonded under this application must carry a copy of the permit. The undersigned further agrees that if this application is approved they will meet all legal requirements and that they will be responsible to the Kent County Road Commission for any damages to the highway or highway structures or to the structures of any private company within the right-of-way of the highway, and that they shall well and truly pay all damages, fines and penalties which they shall become liable to pay and shall save the Kent County Road Commission harmless from all suits, claims, damages and proceedings of any kind due to their operations within the highway.

Signature of Applicant_____ For_____

Approved by_____ of Engineering Dept. Date_____

Approved by_____ of Maintenance Dept. Date_____

Approved by_____ of Traffic Dept. Date_____