

Special Requirements - in addition to the stipulations above, the following special requirements shall apply to this permit:

Applicant Signature and Agreement

The undersigned have read the stipulations of this permit agreement as stated, as well as attachments which may be included, and by signing this application agree to abide by all stipulations and to complete the work as proposed in compliance with the stipulations and attachments within one year from the date Department approval is granted for said request. Failure on the part of the applicant to abide by the stipulations or to construct the work desired as stipulated and within the time frame stated shall render this agreement and request null and void. The undersigned also agrees to save harmless the State of Iowa and the Iowa Department of Transportation from any damage or losses that may be sustained by any person or persons on account of the conditions and requirements of this agreement.

Name of Agent (Print or Type) <i>Joe Snyder</i>	Agent/Owner (Signature) <i>[Signature]</i>	Title <i>General Manager</i>
Name of Owner (Print or Type)	Date <i>3-18-20</i>	
e-Mail Address <i>jsnyder@cmtel.com</i>		

CITY ACTION (IF PROPOSED WORK IS WITHIN AN INCORPORATED CITY, CITY ACTION IS REQUIRED)

"The undersigned city joins in the grants embodied in the above permit executed by the Iowa Department of Transportation on condition that all of the covenants and undertakings therein running to the Iowa Department of Transportation shall inure to the benefit of the undersigned city and recommends action on said permit application as noted below by the delegated city official".

Recommend Approval Do Not Recommend Approval None Required

Handwritten Signature	Title	Date
Type or Print Name	Authorized Official for the City of	
e-Mail Address		

COUNTY ACTION (IF PROPOSED WORK CROSSES COUNTY RIGHT-OF-WAY, COUNTY ACTION IS REQUIRED)

"The undersigned county joins in the grants embodied in the above permit executed by the Iowa Department of Transportation on condition that all of the covenants and undertakings therein running to the Iowa Department of Transportation shall inure to the benefit of the undersigned county and recommends action on said permit application as noted below by the delegated county official".

Recommend Approval Do Not Recommend Approval None Required

Handwritten Signature <i>[Signature]</i>	Title <i>Asst to Eng</i>	Date <i>03/18/2020</i>
Type or Print Name <i>Bret Davis</i>	Authorized Official for the County of <i>DAVIS</i>	
e-Mail Address <i>daviseng@netins.wt</i>		

FEDERAL HIGHWAY ADMINISTRATION ACTION (WHEN REQUIRED)

Recommend Approval Do Not Recommend Approval None Required

Authorized FHWA Representative Signature	Date
--	------

DEPARTMENT OF TRANSPORTATION FINAL ACTION

Application Approved Application Denied Permit Number: _____

Authorized Highway District Representative	Signature	Date
e-Mail Address		

Notice of intention to commence activities on the highway rights-of-way shall be submitted by the applicant a minimum of 48 hours prior to actually commencing the activities as herein granted by this approved application. Notice is to be given to the following Iowa Department of Transportation representative. Except in emergencies a 10 day advance notice is required for lane restrictions of any kind:

Local DOT Contact Person (Type or Print Name)	Phone Number		
Street Address	City/Town	State IA	ZIP Code
e-Mail Address			

Permit Number: _____