

ROAD USE AGREEMENT

PLEASE REVIEW /
SIGN AND FAX BACK

Schedule A



PERMIT NUMBER

CC- 11-

Permit Holder Information

Company Name _____
Contact Name _____ Phone Number _____
Email Address _____ Fax Number _____

Trucking Company Information

Company _____ Contact _____
Phone _____ Fax _____

Load Information

Number of Loads	Load Description	
ROUTE		

% Axle Allowance	100%	Provincial Permit No.	
		Clearwater County Tri-Drive Permit #'s	
LSD Moving From		LSD Moving To	
Start Date of Move		End Date of the Move	

Required Conditions:

- ☒ **It is understood that all loads will be in compliance with Clearwater County Road Weights Control Policy dated February 24, 2009. See attached road weights.**
- ☐ Dust / Ice control will be supplied by permit holder. Dust control must be in place at least one hour prior to rig move or haul commencement.
- ☐ Grader maintenance on Clearwater County road to be undertaken by the permit holder while haul is in progress. This grader maintenance shall keep the road surface in the same or better condition as it was prior to the haul commencing.
- ☐ Road damages will be at the sole expense of the permit holder.
- ☐ Road repairs will be undertaken to the Municipalities satisfaction and will be at the sole cost of the permit holder. The Haul route shall be evaluated by the permit holder upon completion of the haul to determine all areas which require repair. If re-gravelling is required the rate at which these areas will be graveled will be determined by a Clearwater County representative. 20 mm gravel shall be used for regravelling.
- ☐ In case of rain and or wet conditions, the trucks are to be stopped immediately in order to protect the road from damage.
- ☐ Dry or frozen track
- ☐ All Service Rigs must be hauled on a wheeler.
- ☒ **FULL PERMIT MUST BE CARRIED IN VEHICLE. TRUCKING COMPANY IS AN AGENT OF THE PERMIT HOLDER. PERMIT MUST BE PRESENTED UPON REQUEST BY PEACE OFFICERS. CLEARWATER COUNTY WILL MONITOR THE ROADS AND STOP THE PROJECT IF NECESSARY.**

Terms and conditions of this agreement acknowledged and agreed to:

Signed Date _____	Time Issued _____
Name (please print) _____	Witness _____
Permit Holder _____	Clearwater Rep. _____
Signature _____	

CLEARWATER COUNTY, BOX 550, ROCKY MOUNTAIN HOUSE, AB T4T 1A4

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Revised March 15, 2011