

Permit No. _____

GRANT COUNTY
CONSENT FOR UTILITY COMPANY
TO
CROSS A PUBLIC ROAD OR SECTION ROAD

The undersigned owners of _____ Project, identified as,
and whose addresses are

_____ of _____
(Company) (Address)

_____ of _____
(Company) (Address)

Hereinafter called the "Applicant", is hereby granted permission to construct, operate, maintain and reconstruct the following identified transmission line facilities on, over, across, or adjacent to county right-of-way, as shown on the exhibits attached hereto and made a part hereof (attach map or exhibits):

Crossing ID	Township Name	Township	Range	Section	Lat	Long

INSTALLATION AND MAINTENANCE: Installation and maintenance of said facilities on county right-of-way shall be subject to the following terms and conditions:

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1. Construction, operation, maintenance, reconstruction, or removal of said facilities within the county right-of-way shall be completed in a manner satisfactory to, and subject to supervision by, the Highway Superintendent and/or County Commissioners.
2. Upon completion of construction, operation, maintenance, relocation, or removal of said facilities, Applicant and or their assignee, is responsible for restoration of any and all damages to County right-of-way as directed by the County Commissioners, or pay for restoration to be completed by the County or their designated representative.
3. Grant County shall not be liable for damage to said facilities resulting from the use of, reconstruction or maintenance of the impacted right-of-way.
4. The Applicant and or their assignee shall hold Grant County harmless for injury to persons or damage to property resulting from the activities conducted by the Applicant in crossing any existing road or section line.

I, the undersigned, being an authorized agent of the "Applicant", described in the above, do hereby agree on behalf of the said Utility Company that all terms and conditions above will be complied with, and any assignment of this overhead transmission facility described above shall include an assignment of this liability to comply with the terms and conditions as stated herein.

Dated this _____ day of _____ 20_____.

_____	_____
Signature of _____	Signature of _____
Title _____	Title _____
Authorized Agent of _____	Authorized Agent of _____

Approved by _____, the _____,
 this _____ day of _____ 20_____.

 Grant County Chairman

Please return a copy of the signed permit to:

Kerwin Schultz
 Grant County Hwy Supt
 47789 151st St.
 Milbank, SD 57252