

**APPLICATION FOR ROAD CROSSING
AND ROAD RIGHT-OF-WAY CONSTRUCTION**

Date _____

Name of Applicant _____

Address of Applicant _____

Contact Person _____

Contact Phone _____

Proposed location of Work _____

Description of Work _____

Submit to:
County Clerk
P.O. Box 369
Charleston, MO 63834

Applicant Signature

APPROVAL

Date _____

County Official