

**PARKLAND COUNTY  
Dust Control Application  
Country Residential Subdivision**

Name of Applicant:	Mailing Address:										
Telephone: Home: _____ Work: _____	Legal Description: Subdivision Name:										
Length of Dust Control Requested (min. 100m): _____ meters											
<table style="margin: auto; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">x</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">x</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Length</td> <td></td> <td style="text-align: center;">Cost</td> <td></td> <td style="text-align: center;">Total Cost</td> </tr> </table>		_____	x	_____	x	_____	Length		Cost		Total Cost
_____	x	_____	x	_____							
Length		Cost		Total Cost							

I/We, the undersigned, hereby make application for a dust control treatment to be applied on the municipal road adjacent to my/our residence site with a dust control agent as determined by Parkland County.

I/We, the undersigned, acknowledge and accept the following terms and conditions related to this service.

1. That a 100 meter section of roadway in front of my residence, shall be treated with dust control as per the attached schedule of fees.
2. That only one dust control treatment will be made in respect to this application. Should additional treatments be required, a new application shall be submitted.
3. Parkland County does not guarantee the effectiveness of the dust control agent. Once the agent has been applied, no refunds will be made.
4. Parkland County reserves the right to maintain the treated section of roadway as deemed necessary and further to return the roadway to its original gravel condition at such time as determined by the General Manager of Infrastructure Services.
5. That a payment in the amount as determined from the Schedule of fees must be submitted with this application.
6. That all residents whose property is directly adjacent to the dust control must agree to have dust control applied (verified by signing Schedule B).

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Total Cost (to be determined by County)