

## ATV/UTV Route Designate Application for the Adams County Trunk Highway System

<b>ALL APPLICATIONS</b>	Municipality _____		Date of Application _____	
	<b>Please complete for the person that is authorized to represent the Municipality.</b>			
	Contact Name _____	Contact Phone _____		
	Street _____			
	Address _____	City _____	State _____	Zip _____
	Email Address _____			
	Application Type and Fee	New \$150 <input type="checkbox"/>	Renewal \$50 <input type="checkbox"/>	Attached? <input type="checkbox"/>
<b>**NEW APPLICATIONS</b>	1) Attach a map of the requested Route. Indicate the trail-ends and approved municipal routes to be connected. Additionally, highlight and list businesses that will be served.			Attached? <input type="checkbox"/>
	2) Attach a list of all property owners on the proposed route and the notice mailed to them.			<input type="checkbox"/>
	3) Indicate the date that the Public Meeting was held to discuss the route.			_____ <input type="checkbox"/>
	4) Attach the municipal resolution authorizing the Route.			<input type="checkbox"/>
	*Route on County Trunk Highway _____		Length of Route _____ Miles	
	Starting _____	GPS _____		
	Ending _____	GPS _____		
	*Reason Route is needed: _____ _____ _____			
	*Are there any "Use" restrictions recommended by the Municipality? _____ _____ _____			
<b>Renewal</b>	1) Attach map of route. <input type="checkbox"/>	2) Are there ANY changes from last year's approved route? (Yes / No)		
<b>Note: if any change has been made from last year's approved route the application must be submitted as "New"</b>				
<b>ALL APPS</b>	Applicant Signature (Municipality) _____		Date _____	

\*Add extra routes and/or explanations on attachments

10/26/2016

\*\*ALL New Applications are subject to the approval of the DNR

AC ATV 3b REE

© The Laine Corporation 2016

**FOR HIGHWAY DEPARTMENT USE ONLY**

**\*\*New Applications**

Comments/restrictions applying to this application:

---



---



---



---



---

# of Signs Needed:	ATV/UTV Silhouette	_____	Route Arrows	_____	Start/End	_____
Purchase \$	Installation \$	_____	Annual Mainten. \$	_____	Total \$	_____
Reviewed with Applicant on _____			By _____			

<b>Highway Department:</b> Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	By _____
<b>Sheriff's Department</b> Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	By _____

**Adams County Highway Committee:**

Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Date _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Application Renewal**

Were there any incidents in the prior year?	Yes / No	Count	_____
Were there significant complaints?	Yes / No	Count	_____
Comments:			

---



---

<b>Highway Department:</b>	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	By _____
<b>Sheriff's Department:</b>	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	By _____

Is there any required signage or route maintenance needed?	Yes / No
Have all previous costs been paid?	Yes / No

Comments:

---



---

<b>Highway Commissioner</b>	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>
By _____				Date _____

**\*\*ALL New Applications are subject to the approval of the DNR**