

Permit # _____

MADISON COUNTY NOXIOUS WEED RIGHT-OF-WAY CONTROL PERMIT



On this _____ day of _____ 20____

APPLICANT: _____

ADDRESS: _____

PHONE#: _____ Email: _____

Applicant does own or control property in Madison County property(s) located in:

SECTION _____ **TOWNSHIP** _____ **RANGE** _____

General description of property and location: _____
GPS Coordinates _____

I will provide continual noxious weed control on said property(s). I will provide, at no expense to Madison County, all labor, materials, and incidentals necessary to control all noxious weeds listed on the latest Madison County Noxious Weed list. I understand, without prior notice, that Madison County Weed District will inspect said property(s).

OUTLINE YOUR METHOD OF CONTROL:

APPROXIMATE DATES & TIME THAT WEED CONTROL WILL OCCUR:

If noxious weeds are not controlled acceptably, Madison County will terminate this Permit **immediately** and notice will be served that the County will initiate the control measures it deems necessary within thirty (30) days.

Applicant hereby agrees to the following conditions:

1. To perform all work in compliance with all state and federal statutes and standards
2. To notify the Madison County Weed District prior to starting any work within the County right of way covered by this permit.
3. Applicant will be responsible for any damages.
4. To indemnify, defend and save harmless, Madison County, its officers and employees, and the Montana Department of Transportation where applicable from the responsibility, damages or liability arising from the exercise of the privileges herein granted.
5. Permittee must meet all requirements for warning signs, traffic control, and public safety as defined in the latest edition of the Manual of Uniform Traffic Control Devices.

I further understand that this is a **3-year** Permit, and it can be terminated without notice. It is my responsibility to update this Permit after expiration. This Permit is subject to approval by the Madison County Weed Board and the Department of Transportation where applicable.

Applicant's signature: _____

Date: _____

Chairperson MCWB: _____

Date: _____

Dept. of Transportation: _____

Date: _____

***** NOTE: ALL WEED CONTROL PERMITS MUST BE SIGNED, DATED, & NOTARIZED. PERMITS WILL NOT BE APPROVED WITHOUT NOTARIZATION!**

STATE OF MONTANA)
(SS.
COUNTY OF MADISON)

On this _____ day of _____, 2026, before me, the undersigned Notary Public in and for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial seal the day and year first above written.

Notary Public of the State of Montana

Residing at _____

My Commission Expires _____