

Annual Permit Fee: \$70.00



104 W. 3rd Street Grove, Oklahoma 74344
(918) 786-6107 Fax (918) 786-8939
www.cityofgroveok.gov

HAY HARVESTING PERMIT APPLICATION

Date: _____ Application Number: _____

Applicant Name: _____

Applicant Address: _____

City State Zip Phone

Project Address: _____

City State Zip

Number of acres to be harvested: _____ Zoning District: _____

Please check the appropriate box and sign.

Applicant is the
 Owner(s) of Record.

Signature

Date

Applicant is the
 Assignee of Owner(s) of Record.

The Owner(s) of Record hereby designates _____ as the Assignee.

Owner Signature

Date

Assignee Signature

Date



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HAY HARVESTING PERMIT RELEASE OF LIABILITY

The Applicant hereby acknowledges that:

- I will assume all risk and liability for hay quality, including any contaminants, which may be contained in the harvested hay;
- I will assume all risk and liability for any accidents and damages that may occur as a result of the work;
- I acknowledge that the City of Grove is not liable for work performed by the Applicant or persons hired by the Applicant to perform the work.
- I have read and agree to comply with the rules and regulations set forth in Ordinance No. 586 of the City of Grove.

Applicant's Name (Please Print)

Applicant's Signature

Date

Sworn and affirmed to before me this _____ day of _____, 20____

by _____, the Applicant.

(SEAL)

Notary Public

My commission expires _____

All boxes must be checked and the Release of Liability signed, dated and notarized prior to issuance of a Hay Harvesting Permit.