

JOHNSON COUNTY CONSERVATION BOARD  
Request Form For OPDMD Use

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF OPDMD: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

AREA (trail, facility) TO BE USED: \_\_\_\_\_

PROOF OF DISABILITY: YES \_\_\_\_\_ NO \_\_\_\_\_

Special Provisions/Restrictions: (as determined by JCCB staff using Dept. of Justice assessment factors in the March 15, 2011 revision of the Americans With Disabilities Act.)

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- (i) The type, size, weight, dimensions, and speed of the device;
- (ii) The facility's volume of pedestrian traffic (which may vary at different times of the day, week, month, or year);
- (iii) The facility's design and operational characteristics (e.g. whether its service, program, or activity is conducted indoors, its square footage, the density and placement of stationary devices, and the availability of storage for the device, if requested by the user);
- (iv) Whether legitimate safety requirements can be established to permit the safe operation of the other power-driven mobility device in the specific facility; and
- (v) Whether the use of the other power-driven mobility device creates substantial risk of serious harm to the immediate environment or natural or cultural resources, or poses a conflict with Federal land management laws and regulations.

PERMIT AGREEMENT: I, the undersigned, hereby agree to assume full responsibility for my acts, negligence, or omissions while operating said OPDMD on JCCB property. I further agree to comply with any special provisions or restrictions as set forth above.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR'S AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

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Office Use Only: Staff report on any problems, conflicts, grounds damage, etc.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_