APPLICATION FOR SPECIAL HAULING PERMIT

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|  |  |
| --- | --- |
| APPLICANT NAME | PERMIT NUMBER |
| ADDRESS | APPLICATION DATE |
| CITY | STATE | ZIP CODE | AREA CODE TELEPHONE NUMBER |
| PERSON REQUESTING PERMIT | PERMIT TRANSMITTALΟ PICKUP Ο MAIL Ο FAX NUMBER  |
| FEIN | ICC-MC NO. | DOT NO. | PERSON ISSUING PERMIT |
| LOAD – DESC. (INCLUDE MAKE AND MODEL) | CONVEYANCE Ο LOADED Ο TOWED Ο SELF PROPELLEDΟ VARIOUS TRAILERS |
| VEHICLES | MAKE | LIC NO AND STATE | EMPTY WEIGHTS | NUMBER OF AXLES | SIZES | LENGTH | WIDTH | HEIGHT |
| LOAD |  |  |  |
| POWER UNIT |  |  |  |  | POWER UNIT |  |  |  |
| TRAILER |  |  |  |  | TRAILER |  |  |  |
| OTHER TRAILER |  |  |  |  | FRONT O’HANG |  |  |  |
| LOAD WEIGHT | GROSS WEIGHT | REAR O’HANG |  |
| Ο ALL WEIGHTS LEGAL | OVERALL |  |
| COMPLETE ONLY IF OVERWEIGHT |
| AXLE NO. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| NO TIRES / AXLE |  |  |  |  |  |  |  |  |  |
| TIRE & RIM SIZE |  |  |  |  |  |  |  |  |  |
| AXLE WEIGHTS |  |  |  |  |  |  |  |  |  |
| AXLE SPACING |  |  |  |  |  |  |  |  |  |
| ROUTING INFORMATION |
| FROM (LOCATION) | TO (LOCATION) |
| VIA HIGHWAY / ROADS |
| YOUR PREFERRED ROUTE MAY BE DESCRIBED FOR CONSIDERATION: |
|  |
|  |
| COMMENTS: |
|  |
| DESIRED EFFECTIVE DATE: | PERMIT EFF. DATE: | PERMIT EXPIRATION DATE: | ISSUANCE DATE: |
| TYPE PERMIT:Ο TRIP Ο REVISIONΟ ROUND TRIP  BLANKET Ο CONSTRUCTIONΟ 90 DAY Ο FARM EQIP.Ο 365 DAY Ο MANUFACTURED BUILDING Ο OTHER |