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 TRANSMITTAL  Ο 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 PROPELLED  Ο 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 REVISION  Ο ROUND TRIP  BLANKET  Ο CONSTRUCTION  Ο 90 DAY Ο FARM EQIP.  Ο 365 DAY Ο MANUFACTURED BUILDING  Ο OTHER | | | | | | | | | | | | | | | | | | | | | | |