

## 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 <input type="checkbox"/> PICKUP <input type="checkbox"/> MAIL <input type="checkbox"/> FAX NUMBER				
FEIN		ICC-MC NO.		DOT NO.		PERSON ISSUING PERMIT				
LOAD – DESC. (INCLUDE MAKE AND MODEL)						CONVEYANCE <input type="checkbox"/> LOADED <input type="checkbox"/> TOWED <input type="checkbox"/> SELF PROPELLED <input type="checkbox"/> VARIOUS TRAILERS				
VEHICLES	MAKE	LIC NO AND STATE	EMPTY WEIGHTS	NUMBER OF AXLES	SIZES	LENGTH	WIDTH	HEIGHT		
POWER UNIT					LOAD					
TRAILER					POWER UNIT					
OTHER TRAILER					TRAILER					
LOAD WEIGHT	GROSS WEIGHT				FRONT O'HANG					
<input type="checkbox"/> ALL WEIGHTS LEGAL					REAR O'HANG					
					OVERALL					
<b>COMPLETE ONLY IF OVERWEIGHT</b>										
AXLE NO.	1	2	3	4	5	6	7	8	9	
NO TIRES / AXLE										
TIRE & RIM SIZE										
AXLE WEIGHTS										
AXLE SPACING										
<b>ROUTING INFORMATION</b>										
FROM (LOCATION)					TO (LOCATION)					
<b>VIA HIGHWAY / ROADS</b>										
YOUR PREFERRED ROUTE MAY BE DESCRIBED FOR CONSIDERATION:										
COMMENTS:										
DESIRED EFFECTIVE DATE:		PERMIT EFF. DATE:			PERMIT EXPIRATION DATE:			ISSUANCE DATE:		
TYPE PERMIT: <input type="checkbox"/> TRIP <input type="checkbox"/> REVISION <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> BLANKET <input type="checkbox"/> 90 DAY <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> 365 DAY <input type="checkbox"/> FARM EQIP. <input type="checkbox"/> <input type="checkbox"/> MANUFACTURED BUILDING <input type="checkbox"/> <input type="checkbox"/> OTHER										