

APPLICATION FOR SPECIAL HAULING PERMIT

BELMONT COUNTY ENGINEER
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Or email to: office.manager@belmontcountyengineer.com



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				
<input type="checkbox"/> 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: <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 EQUIP. <input type="checkbox"/> <input type="checkbox"/> MANUFACTURED BUILDING <input type="checkbox"/> <input type="checkbox"/> OTHER									