

## APPLICATION FOR SPECIAL HAULING PERMIT

UNION TOWNSHIP OF BELMONT COUNTY  
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|---------------------------|
| <b>UNION<br/>TOWNSHIP</b> |
|---------------------------|

|   |      |  |               |                 |  |                            |                       |        |   |
|---|------|--|---------------|-----------------|--|----------------------------|-----------------------|--------|---|
| APPLICANT NAME  |      |  |               |                 |  | PERMIT NUMBER              |                       |        |   |
| ADDRESS   |      |  |               |                 |  | APPLICATION DATE           |                       |        |   |
| CITY  |      |  | STATE         |                 | ZIP CODE   | AREA CODE TELEPHONE NUMBER |                       |        |   |
| PERSON REQUESTING PERMIT  |      |  |               |                 | PERMIT TRANSMITTAL<br><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<br><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   |                            |                       |        |   |
|   |      |  |               |                 | REAR O'HANG  |                            |                       |        |   |
| <input type="checkbox"/> ALL WEIGHTS LEGAL  |      |  |               |                 | 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:<br><input type="checkbox"/> TRIP<br><input type="checkbox"/> ROUND TRIP<br><br><input type="checkbox"/> 90 DAY<br><input type="checkbox"/> 365 DAY |      | <input type="checkbox"/> REVISION<br><br><input type="checkbox"/> BLANKET<br><input type="checkbox"/> CONSTRUCTION<br><input type="checkbox"/> FARM EQUIP.<br><input type="checkbox"/> MANUFACTURED BUILDING<br><input type="checkbox"/> OTHER |               |                 |  |                            |                       |        |   |