

**CRAWFORD COUNTY ROAD COMMISSION
SINGLE MOVE PERMIT APPLICATION**

_____ \$25.00 Per Round Trip up to 5 Business Days
_____ \$50.00 Multiple Trips up to 5 Business Days

Effective Date: _____
Expiration Date: _____

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the Crawford County Road Commission and attest that these loads do not exceed the maximum allowed as listed below. Applicant agrees to comply with all rules and regulations of this permit.

Applicant's Name:		Phone Number:	
Mailing Address:		Fax Number:	
City:		(Applicant's Signature)	
State:	Zip Code:	Title:	Date:

It is understood this Single Move Permit is being issued with the following axle or overall dimensions and that exceeding these limits will **void** the permit. Failure to follow the Rules and Regulations on the reverse or attached will void the permit.

Power Unit Number _____ Make _____ Model _____
 Vehicle Year _____ License _____ VIN Number _____
 Overall Width _____ Overall Height _____ Overall Length _____ Vehicle Width _____

Axle Number	Axle Weight in Pounds Loaded Vehicle	Number of Tires	Tire Size	Tire Width (in inches)	Axle Spacing in Feet and Inches	
					Ft.	In.
1					1 to 2	6 to 7
2					Ft. In.	Ft. In.
3					2 to 3	7 to 8
4					Ft. In.	Ft. In.
5					3 to 4	8 to 9
6					Ft. In.	Ft. In.
7					4 to 5	9 to 10
8					Ft. In.	Ft. In.
9					5 to 6	10 to 11
10					Ft. In.	Ft. In.
11					*Load Description*:	
Totals	*Total Loaded Axle Weight*	*Total # of Tires*		*Total Tire Width on Axle*		

Route is as Follows: _____

NOTICE: APPLICATIONS WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL AND WILL BE RETURNED TO THE APPLICANT.

BOARD OF COUNTY ROAD COMMISSIONERS of Crawford County, Michigan
 ADDRESS: 500 Huron St., Grayling, MI 49738
 PHONE: (989) 348-2281 FAX: (989) 348-6933