CRAWFORD COUNTY ROAD COMMISSION SINGLE MOVE PERMIT APPLICATION

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

Effective 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	8:	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 <u>void</u> the permit. Failure to follow the Rules and Regulations on the reverse or attached will void the permit.

				Model			
	License						
Overall Width	Overall Heig	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		
1					1 to 2	6 to 7	
2					Ft. In.	Ft. In.	
3						7 to 8	
4						Ft. In.	
5					3 to 4 Ft. In.	8 to 9 Ft. In.	
6							
7					4 to 5 Ft. In.	9 to 10 Ft. In.	
8							
9					5 to 6 Ft. In.	10 to 11 Ft. In.	
10							
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.