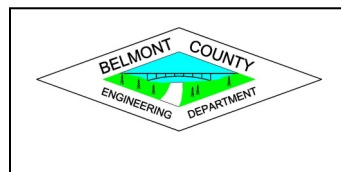


## APPLICATION FOR SPECIAL HAULING PERMIT

BELMONT COUNTY ENGINEER  
 101 W. MAIN STREET  
 ST. CLAIRSVILLE, OH 43950  
 PHONE 740-699-2160  
 FAX 740-695-8894



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 OVARIOUS 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 DEWCRIED 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"/> 90 DAY <input type="checkbox"/> BLANKET <input type="checkbox"/> 365 DAY <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> <input type="checkbox"/> FARM EQIP. <input type="checkbox"/> <input type="checkbox"/> MANUFACTURED BUILDING <input type="checkbox"/> <input type="checkbox"/> OTHER									