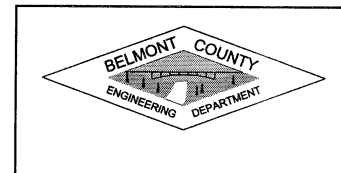


APPLICATION FOR SPECIAL HAULING PERMIT

BELMONT COUNTY ENGINEER
 101 W. MAIN STREET
 ST. CLAIRSVILLE, OH 43950
 PHONE 740-695-1580
 FAX 740-695-1587



APPLICANT NAME					PERMIT NUMBER				
ADDRESS					APPLICATION DATE				
CITY			STATE		ZIP CODE		AREA CODE TELEPHONE NUMBER		
PERSON REQUESTING PERMIT					PERMIT TRANSMITTAL <input type="radio"/> PICKUP <input type="radio"/> MAIL <input type="radio"/> FAX NUMBER				
FEIN		ICC-MC NO.			DOT NO.		PERSON ISSUING PERMIT		
LOAD - DESC. (INCLUDE MAKE AND MODEL)					CONVEYANCE <input type="radio"/> LOADED <input type="radio"/> TOWED <input type="radio"/> SELF PROPELLED <input type="radio"/> VARIOUS TRAILERS				
VEHICLES	MAKE	LIC NO AND STATE	EMPTY WEIGHTS	NUMBER OF AXLES	SIZES	LENGTH	WIDTH	HEIGHT	
					LOAD				
POWER UNIT					POWER UNIT				
TRAILER					TRAILER				
OTHER TRAILER					FRONT O'HANG				
LOAD WEIGHT		GROSS WEIGHT			REAR O'HANG				
<input type="radio"/> ALL WEIGHTS LEGAL					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 DEWCRIED FOR CONSIDERATION:									
COMMENTS:									
DESIRED EFFECTIVE DATE:		PERMIT EFF. DATE:			PERMIT EXPIRATION DATE:		ISSUANCE DATE:		
TYPE PERMIT: <input type="radio"/> TRIP <input type="radio"/> REVISION <input type="radio"/> ROUND TRIP <input type="radio"/> BLANKET <input type="radio"/> CONSTRUCTION <input type="radio"/> 90 DAY <input type="radio"/> FARM EQUIP. <input type="radio"/> 365 DAY <input type="radio"/> MANUFACTURED BUILDING <input type="radio"/> OTHER									