



PERMIT NO. \_\_\_\_\_

# APPLICATION FOR SPECIAL HAULING

CITY OF NORTHWOOD  
6000 Wales Rd.,  
Northwood, OH 43619

**\*\*\* Fax Completed Form to the Northwood Police Department- 419-693-3515 \*\*\***  
**Allow 7 Days for Review**

Name of Contact Person

Phone No.  Fax No.  E-Mail

Name of Company  DOT No.

Address of Company

City  State  Zip

Nature of Move:

	Make & Model	License No.	State	Empty Weight (in pounds)
Power Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Trailer (Jeep, Dolly, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Net Load: <input type="text"/>
Total Gross Weight: <input type="text"/>

Dimensions of Vehicle(s) & Load **OVERALL:**

Height  Length  Width

Description of Load (Include make & model if applicable):

Check if Applicable:

- Load is towed on its own frame and undercarriage
- Load is under its own power
- Variable trailers (see attached list)
- All weight (axle & gross) are legal in accordance with Section 5577.04 ORC.  
\*\*\* If checked, do not complete axle loads & spacing section of this application.

\* For axle spacing, start with steer axle and measure to second axle. Place this number in the space next to "Steer" in the appropriate "Axle Spacing" column. Next, measure from Axle #2 to #3 and place this figure in the appropriate "Axle Spacing" column in the "Axle #2" row. Continue for remainder.

Axle #	# of Tires	Width of Tires (inches)	Axle Spacing (Feet/Inches)	Gross Axle Loads (Pounds)	Axle #	# of Tires	Width of Tires (inches)	Axle Spacing (Feet/Inches)	Gross Axle Loads (Pounds)
Steer					7				
2					8				
3					9				
4					10				
5					11				
6					12				

Type of Permit:  Trip \$30.00  Trip & Return \$50.00  Quarter \$150.00  
 Annual \$300.00  Other (specify)

Fee \$ \_\_\_\_\_ paid by  Cash  Check  Money Order Receipt No. \_\_\_\_\_

\* Make checks payable to: **City of Northwood.**

Desired Date of Move (give date range if appropriate): \_\_\_\_\_

Specific Desired Route (use house number with street when applicable):

Move only during daylight hours. Movement is prohibited on Saturdays, Sundays and Holidays unless approved otherwise. Applicant is responsible for providing all above listed information and measurements. Applicant is responsible to check route for abnormal or changed or unknown conditions which may exist during any move.

\_\_\_\_\_ do hereby swear that I am the applicant or the legally authorized  
 (Printed Name of Representative)

representative and that the statements made in the foregoing application are true and correct to the best of my knowledge.

**SPECIAL ATTENTION HAS BEEN GIVEN TO ENSURE THE ACCURACY OF THE MEASUREMENTS OF THE ABOVE LISTED AXLE SPACING AND SPECIFIC VEHICLE.**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date)

PERMIT OFFICE USE ONLY- VOID IF BLANK, ALTERED OR UNSIGNED

**THIS PERMIT IS VALID STARTING \_\_\_\_\_ AND ENDING \_\_\_\_\_.**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

