## YORK TOWNSHIP

(Sandusky County Ohio) 1586 West Main Street Bellevue, Ohio 44811 Phone = 419-483-2629

### **Regional Hauling Permit OVERWEIGHT / OVERSIZE VEHICLE PERMIT APPLICATION & PERMIT**

("Permit" is Valid only when signed/authorized by Permitting Authority)

Applicant Nan	ne - Owning Co	ompany or C	ontractor				Application Da	ate			
Address Cont					Contact Perso	Contact Person					
City			State	Zip			Telephone Nu	ımber			
FEIN			□ ICC-MC □ DOT	No.	No.		Fax Number or E-mail				
Load - Descrip	tion (include r	nake and mo	odel or serial	numbei	r)		•		Towed Loaded	Self-Propelled	Various Trailers
Vehicles	Ma	ake	Plate No. and State		Empty Wt.	No. of Axles	Sizes	Length	Width	Height	
Power-Unit								Power Unit			
Trailer #1								Trailer #1			
Trailer #2								Trailer #2			
Load Weight			Total G	Total Gross Weight		Load + Empty Weights		Load			
		LB	s.	LBS.		=	LBS.	Overall			
					COMP	LETE IF OVER	RWEIGHT				
Axle Number		1	2		3	4	5	6	7	8	9
Axle Weight											
Number of Tir	es on Axle										
Tire Width											
Spacing Betwe	een Axles										
					ROUT	TING INFORM	MATION				
From: (Intersed	ction or Address	3)				To: (Int	ersection or Add	lress)			
VIA Highways	/ Roads					I					
Township Con	nments:										
Type of Pe	rmit Requ	ested: (C	heck All A	oplica	able)				Office Use	Only:	
□ All Weigh	-				-	thin Effectiv	e Dates	🗆 Over	weight	<ul> <li>Overwid</li> </ul>	dth
	-	nent (12' v	•						height	Overler	igth
□ Other Pe		•			•	•		Singl	e Trip	Police Es	scort
								-	& Return		
Duration of Permit: Desired Effective Date:					<ul> <li>Other Fee (See Note)</li> <li>Total Permit Fee = \$</li> </ul>						
ODOT Perr (An ODO	nit # (if avai T permit must be with of this peri	lable): OH e obtained if th movement on	ere will be trave any roadway at	l on Stat thorized	e controlled by this per	l roadways in co mit.)	njunction			- > 	
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#### Use This Page For More Than 9 Axles

# **Regional Hauling Permit**

#### **OVERWEIGHT / OVERSIZE VEHICLE PERMIT APPLICATION & PERMIT**

Applicant Name - Owning Company or Contractor					Application Date					
Load - Description (in	clude make	and mode	el or serial nui	mber)						
Vehicles	Make		Plate No.	and State	Empty Wt.	No. of Axles	Sizes	Length	Width	Height
Trailer #3							Trailer #3			
Trailer #4							Trailer #4			
Trailer #5							Trailer #5			
Load Weight			Total Gro	ss Weight	Load + Em	pty Weights	Load			
LBS.			LBS.			Overall				
				COMP	LETE IF OVEF	RWEIGHT				
Axle Number		10	11	12	13	14	15	16	17	18
Axle Weight										
Number of Tires on A	xle									
Tire Width										
Spacing Between Axle	es					-				

Additional Comments:

#### **TERMS & CONDITIONS**

Pursuant to Section 4513.34 of the Ohio Revised Code, the below-named permittee is hereby authorized to move the vehicles, objects or structures identified herein that are in excess of the weight and/or size maximums specified in sections 5577.01 to 5577.09 of the Revised Code, or otherwise not in conformity with sections 4513.01 to 4513.37 of the Revised Code. Movement is authorized upon the specific streets, highways, bridges or culverts identified herein and the permittee shall be limited to those routes specified and no others. Authorization to traverse bridges/structures owned and/or maintained by entities other than the York Township Trustees must be obtained from the proper authorities (e.g. State owned roadways, County (Note: County may be responsible for some structures on Township roadways), City or Village roadways). It is the sole responsibility of the hauler/permittee to ensure that all movement can be made safely. Hauler/Permittee is responsible to notify rail companies prior to movement over any railroad crossing. Maximum permitted speed shall not exceed 45 MPH.

This permit may be suspended or revoked (in accordance with the O.R.C.) by the Township Trustee(s) or any law enforcement officer for good cause, including, but not limited to, any violation of the terms, conditions and limitations of this permit, violation of law, or any lapse or reduction of the required insurance coverages (required insurance shall be, at a minimum, equal to that which is required by ODOT's OS-32 form).

This permit shall take effect on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and shall expire on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 20\_\_\_\_\_, 20\_\_\_\_\_, or the date of expiration of the required insurance, whichever is earlier; or in the case of a single move, upon the completion of the move).

This permit is subject to all Terms, Conditions and Limitations contained herein. All limitations/provision and special conditions required as part of an ODOT permit issued for the permitted vehicle/load specified in this permit shall be considered requirements of this permit.

Additional Notes / Terms & Conditions of this Permit:

Name of Permittee/Applicant: \_\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_

By signing below, I agree or agree on behalf of the permittee that I have read and accept all the Terms, Conditions, Limitations and Provisions of this permit, and I verify that the information being submitted is true and exact, without exception. Furthermore, the permittee agrees to pay the cost of repairing any and all damages caused to highways or structures by the movement of the permitted load and agrees to hold the Permitting Authority/the Township/Township Trustees, the Sandusky County Commissioners, the Sandusky County Engineer, the Local Authority with jurisdiction over said roadway, Integrity Permits LLC and/ or all other government entities associated with permitted move harmless from any and all liability. Acceptance of this permit shall be deemed acceptance of the Terms, Conditions, Limitations and Provisions specified herein.

Signature:

Date:

(In lieu of signature, type name of duly authorized individual that is requesting permit on behalf of "Applicant" as listed above)

"LIMITATIONS/PROVISIONS ON THE USE OF A REGIONAL HAULING PERMIT" Must accompany this permit

Email completed "Application" to: **info@integritypermits.com** or Fax completed "Application" to: **740-539-8819** 

Official Use Only	
Issuance Date:	
Effective Date:	
Expiration Date:	
Permit No.:	
Permit Type:	

	Sandusky County Engin Reviewed/Authorized by:	ieer
		Date
	<b>Township Use Only</b> Void if blank, altered, or unsig	
Note:		Date