

# RILEY TOWNSHIP

(Sandusky County Ohio)

3109 State Route 412

Fremont, Ohio 43420

## Regional Hauling Permit

### OVERWEIGHT / OVERSIZE VEHICLE PERMIT APPLICATION & PERMIT

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

Applicant Name - Owing Company or Contractor				Application Date						
Address				Contact Person						
City		State	Zip		Telephone Number					
FEIN		<input type="checkbox"/> ICC-MC <input type="checkbox"/> DOT	No.		Fax Number or E-mail					
Load - Description (include make and model or serial number)							<input type="checkbox"/> Towed <input type="checkbox"/> Loaded	<input type="checkbox"/> Self-Propelled	<input type="checkbox"/> Various Trailers	
Vehicles	Make	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 Gross Weight		Load + Empty Weights		Load				
LBS.		LBS.		LBS.		Overall				
<b>COMPLETE IF OVERWEIGHT</b>										
Axle Number	1	2	3	4	5	6	7	8	9	
Axle Weight										
Number of Tires on Axle										
Tire Width										
Spacing Between Axles										
<b>ROUTING INFORMATION</b>										
From: (Intersection or Address)					To: (Intersection or Address)					
VIA Highways / Roads										
Township Comments:										

#### Type of Permit Requested: (Check All Applicable)

- All Weights Legal                       Trip & Return within Effective Dates  
 Construction Equipment (12' wide or less & All Weights Legal)  
 Other Permit Type \_\_\_\_\_

**Duration of Permit:** Desired Effective Date: \_\_\_\_\_

- 5 days    90 Days    365 days    Other \_\_\_\_\_

ODOT Permit # (if available): OH \_\_\_\_\_

(An ODOT permit must be obtained if there will be travel on State controlled roadways in conjunction with movement on any roadway authorized by this permit.)

**A copy of this permit shall be in the possession of the driver at all times and shall be shown on demand to any law enforcement officer.**

#### Office Use Only:

- Overweight                       Overwidth  
 Overheight                       Overlength  
 Single Trip                       Police Escort  
 Trip & Return  
 Other Fee (See Note)  
 Total Permit Fee = \$ \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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 Riley 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\_\_\_\_ (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**

<b>Official Use Only</b>	
Issuance Date:	_____
Effective Date:	_____
Expiration Date:	_____
Permit No.:	_____
Permit Type:	_____

<b>Sandusky County Engineer</b>	
Reviewed/Authorized by:	
_____	_____
	Date

<b>Township Use Only</b>	
Void if blank, altered, or unsigned.	
Note:	_____
	Date