

MAIL
OR
DELIVER
TO:

Office of the Geauga County Engineer
12665 Merritt Road
Chardon, OH 44024
Telephone: (440) 286-3936
Fax: (440) 285-9864

Application for Special Hauling Permit No _____
This becomes a permit when validated by the Office of
the Geauga County Engineer. This application and
permit issued in accordance with Section 4513.34 Ohio Revised Code.

Permit to be
Transmitted by

- ☐ Telegram
☐ Facsimile
☐ Mail

Name
And
Address
(TYPE OR
PRINT)
Telephone
Number

A/C ()

Application Must Be Signed Below in Space Provided

DATE _____

Type Permit:

- ☐ Construction Equipment
☐ Oil Drilling
☐ Other

Fee \$ _____ Paid by
☐ Cash ☐ Check ☐ Money Order
☐ Deposit Account _____
Make Checks Payable to: Geauga County

THIS PERMIT IS VALID
BEGINNING _____
ENDING _____

All Dimensions Feet & Inches
DIMENSIONS

Vehicle & Load Overall

Length **Height** **Width**

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Load Only

Length **Height** **Width**

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MAKE & MODEL	LICENSE NO.	STATE	ALL WEIGHTS IN POUNDS
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Engineer Truck or Tractor			
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Semi-Trailer			
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Other Trailer (Jeep, Dolly)			
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Description Of Load Including Make & Model If Applicable	Net Load Total Gross Weight
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Check if Applicable

☐ Load is towed on its own frame and undercarriage

☐ Load is under its own power.

☐ All weights (axle & gross) are LEGAL
in accordance with Section 5577.04
Ohio Revised Code. If checked, do
not complete axle loads & spacing
Section of this application

AXLE SPACING
Feet & Inches

**Axle
No.**

AXLE LOADS

No. On Axle

TIRES

Sizes

	1.			
A	2.			
B	3.			
C	4.			
D	5.			
E	6.			
F	7.			
G	8.			
H	9.			
I	10.			

Total Gross Weight

Limitations listed on attached form apply. Special provisions as checked or listed
below apply. Move only during daylight hours. Movement is prohibited Saturday,
Sunday, or a Holiday.

Permittee is responsible to check the route for abnormal or changed
or unknown conditions which may exist during any move. Permission
to travel state or township roads or the Ohio Turnpike must be
obtained from the proper authorities.

I _____ do hereby swear that I am
(Printed Name)

the applicant or his/their legally authorized representative and that
the statements made in the foregoing application are true and correct
to the best of my knowledge:

SIGNATURE _____

TITLE _____ DATE _____

PERMIT OFFICE USE ONLY
VOID IF BLANK, ALTERED OR UNSIGNED