



NEWAYGO COUNTY ROAD COMMISSION

935 East One Mile Road

White Cloud, MI 49349

phone: 231-689-6682 fax: 231-689-5994

PERMIT NUMBER	_____
EFFECTIVE DATE	_____
EXPIRATION DATE	_____

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the Road Commission and attest that these loads do not exceed the weights and dimensions listed below.

APPLICANT		CONTRACTOR		
NAME: _____		NAME: _____		
MAILING ADDRESS: _____		MAILING ADDRESS: _____		
TELEPHONE NO. _____		TELEPHONE NO. _____		
FAX NO. _____		FAX NO. _____		
SIGNATURE _____		SIGNATURE _____		
Title _____	Date: _____	Title _____	Date: _____	
FINANCIAL REQUIREMENTS		ATTACHMENTS REQUIRED		
PERMIT FEE _____		PROOF OF INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRES _____ OTHER _____		
DEPOSIT _____				
TO BE BILLED _____				
RECEIPT NUMBER _____				
DATED _____				
OBJECT OR LOAD TO BE MOVED _____				
START LOCATION _____		END LOCATION _____	DATES OF MOVEMENT _____	
ROUTE _____				
DESCRIBE VEHICLE USED _____				
POWER UNIT NUMBER _____	MAKE/MODEL/YEAR _____	LICENSE _____	VIN NUMBER _____	
OVERALL WIDTH	OVERALL HEIGHT	OVERALL LENGTH	OVERALL WEIGHT	
_____	_____	_____	_____	
*COMPLETE THIS SECTION FOR OVERWEIGHT MOVES				
AXLE NUMBER	AXLE WIEGHT IN POUNDS LOADED VEHICLE	NUMBER OF TIRES, TIRE SIZE AND TIRE WIDTH (IN INCHES)	AXLE SPACING IN FEET AND INCHES	
1			1 to 2 Ft. In.	6 to 7 Ft. In.
2			2 to 3 Ft. In.	7 to 8 Ft. In.
3			3 to 4 Ft. In.	8 to 9 Ft. In.
4			4 to 5 Ft. In.	9 to 10 Ft. In.
5			5 to 6 Ft. In.	10 to 11 Ft. In.
6				
7				
8				
9				
10				
11			total number of tires	total tire width on axle
TOTAL				
APPROVAL OF APPLICATION AND ISSUANCE OF PERMIT BY THE NEWAYGO COUNTY ROAD COMMISSION				
RESTRICTIONS/COMMENTS: If the proposed move utilizes state highways or city streets, permission must be obtained from the state or local authorities				
APPROVED BY _____			DATE _____	