

MARTIN COUNTY HIGHWAY DEPARTMENT

OFFICE USE ONLY

fax: 235-3689

Fairmont, Minnesota
Phone 235-3347

Permit No. _____
Permit Type: Seasonal _____
Monthly _____
Single _____
Permit Fee \$ _____

APPLICATION FOR TRANSPORTATION PERMIT
Oversize, Overweight and Building Moving

Name of Applicant	Address	Phone
Owner of Towing Equipment	Address	Owner of Load
Insurance Company Covering Movement	Coverage	Policy No.
Has permit been issued for movement over:	State Highways? Yes No Local Streets & Roads? Yes No	If yes, attach copies.

IF STATE PERMIT IS ATTACHED, OMIT SECTION B

Type of Building	Width	Length	Height
House Garage Farm Commercial			
Overall Dimensions Including Towing Vehicle	Width	Length	Height
Vehicle or Towing Vehicle	Make	License No.	Licensed Wt.
Truck Truck-Tractor Tractor Auto			
Towed Vehicle	Make	License No.	Licensed Wt.
Semi Trailer Trailed Equip. House Trailer			
Front Dollies: Number Single Tandem	Rear Dollies: Number Single Tandem		
Object or Material	Weight of Load		
Movement From:	Address	Municipality or Township	County State
Movement To:	Address	Municipality or Township	County State

Entire Proposed Route:

Movement Dates	Movement Hours:
From To	
Have arrangements been made for altering overhead utilities? Yes No	Has Permit been issued for final location? Yes No

PERMITTEE MUST COMPLY WITH ALL GENERAL CONDITIONS ON THE BACK AND SPECIAL PROVISIONS NUMBERED:

D This permit must be carried in the vehicle and must be available for inspection by police or department officials.	In accepting this permit, the permittee agrees that all dimensions and weights shown are correct and that he accepts all responsibility and liability for any personal injury or property damage caused by the movement for any and all reasons, including due to routing error, act, or omission by the County of Martin, its departments or its employees. THIS PERMIT IS NOT VALID UNLESS SIGNED BY THE PERMITTEE. Date _____ Permittee Signature _____
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DO NOT WRITE BELOW THIS LINE

E TRANSPORTATION PERMIT AUTHORIZATION	
Performance Requirement	NOT VALID UNLESS SIGNED AND NUMBERED
PERMISSION FOR THIS MOVEMENT IS HEREBY GRANTED Subject to compliance with the provisions of the Minnesota Highway Traffic Act and under the terms, conditions and restrictions contained below and is subject to revocation upon non-compliance. Check below Legal Limitations Exceeded)	
Overwidth Overheight Overlength Overweight Unequal Dist. of Wt. No Brakes Towing Other	
Special Requirements: Police Escort Front Rear Flagman Front Rear Pilot Car Front Rear	
Special Provisions:	
Deposit Required: No Yes Amount \$	Cashier's Check No. Certified Check No.
Deposit Made By: Name	Address

F Copies: Applicant _____ County Engineer _____ Other (specify) _____	APPROVED _____ Date _____
	Authorized Signature _____ County Highway Department