



City of Suffolk
 Public Works Engineering
 One Stop Shop - Permits
 442 W. Washington Street, 1st Floor
 Suffolk, Virginia 23434
 Phone: (757) 514-7606 Fax: (757) 514-7620
Hauling Permit Application

Single Trip
 Blanket
 Super Load
 Return Trip

Date: _____ Permit Agency Name: _____ Effective date: _____
 Company Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Fax Number: _____
 Email Address: _____ USDOT #: _____

Vehicle Information

Transport Method: Haul Tow Drive Hazardous: No Yes
 License Plate for Truck: _____ OR Trailer: _____ Issuing State: _____
 Crane Make & Model: _____ VIN/Serial Number: _____ (last 4 digits)

Overall Dimensions (Vehicle and Load)

Item to be moved: _____ Is this item being used for Logging? Yes No

Height				Width				Length				Gross Weight (lbs)					
ft.		in.		ft.		in.		ft.		in.							
Number of axles:				Minimum wheel base:				ft.		in.		<i>Front overhang:</i>		ft.	in.		
												<i>Rear overhang:</i>		ft.	in.		
Axle weight and spacing																	
Axle	1	2	3	4	5	6	7	8	9								
Weight (lbs)																	
<i>Between axles</i>		1 - 2		2 - 3		3 - 4		4 - 5		5 - 6		6 - 7		7 - 8		8 - 9	
Distance (between axles)		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.	

(continued if needed)

Axle weight and spacing																	
10	11	12	13	14	15	16	17	18	19								
9 - 10		10 - 11		11 - 12		12 - 13		13 - 14		14 - 15		15 - 16		16 - 17		17 - 18	
_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.		_____ ft. _____ in.	

Route

Origin <i>Where is the load coming from?</i>	Destination <i>Where is the load going?</i>
Requested route of travel in the City of Suffolk <i>(What route is the load requesting to "Enter & Exit" the City of Suffolk. Include All routes being requested.)</i>	

The applicant hereby agrees that:

- *The non-refundable permit processing fee must be submitted with the application.*
- *All items on the application must be completed, including contact and approval of all utilities involved. This must be done prior to application approval.*
- *No oversized vehicle or load may be stored on the public right-of-way.*
- *Any expenses required for the approval of the permit shall be the responsibility of the applicant.*
- *Equipment parked on the public right-of-way interferes with the proper circulation of traffic and safety of the motoring public and must be removed.*
- *Completion and submission of an application does not constitute approval of move. The signed permit must accompany the permitted load.*
- *Applications shall be submitted a minimum of five (5) business days prior to move. Incomplete applications will cause delays in processing.*

The Permittee, its agents, employees, officers and assignees assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the performance of permitted work under this permit. Furthermore, the Permittee, its agents, employees, officers or assignees agree to save and hold harmless the City of Suffolk, its agents, employees, and officers from any and all claims, demands, actions, judgments, executions, damages or proceedings for any and all personal injury and injuries to property, real or personal, public or private caused by or arising out of, directly or indirectly, from the transportation of the vehicle and/or load under a permit.

A copy of Certificate of Insurance in the amount of \$1,000,000 is required along with a copy of the state issued permit to accompany application before the permit can be issued. The Certificate of Insurance must be valid for the entire term of the permit. It is your responsibility to ensure that a valid copy is on file with this office. Blanket permits shall be for one particular vehicle only.

SIGNATURE

My signature below verifies that all information contained within this request is accurate and true.

Name (print)

Signature

Date