

City of Suffolk
 Public Works Operations
 Permits Office
 866 Carolina Road, Suffolk
 Virginia 23434
 Phone: (757) 514-7607 Fax: (757) 514-7655
Hauling Permit Application

- Single Trip - \$75
- Blanket - \$300
- Super Load - \$100

Shipper Information

ID Number (VAHPS ID, FEIN, or SSN) _____

Government Move

- Federal State Local
 (check one, if applicable)

Requested effective date: _____

(mm/dd/yyyy)

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

City: _____

State: _____

Zip Code: _____

Fax Number: _____

Email Address: _____

USDOT #: _____

Vehicle Information (of power source)

Transport Method: Haul Tow Drive Hazardous: No Yes

License Plate Number: _____

Issuing State: _____

Crane Make & Model: _____

VIN/Serial Number: _____ (last 4 digits)

Overall Dimensions (Vehicle and Load)

Item to be moved: _____

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

(continued if needed)

Axle weight and spacing											
9	10	11	12	13	14	15	16	17	18		
9 - 10		10 - 11		11 - 12		12 - 13		13 - 14		14 - 15	
_____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:

- 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.
- All expenses for the placement of restrictions, such as "No Parking" signs, off-duty Police Officers or other items required by this office will be borne by the mover.
- The mover should understand that any equipment malfunction or breakdown which causes the move to exceed the restrictions of the application constitutes a definite traffic hazard. Equipment left on the public right-of-way beyond the allotted time that interferes with the proper circulation of traffic and safety of the motoring public must be removed at the direction and indication of the Department of Public Works Operations.
- Completion and submission of an application does not constitute approval of move. The signed permit is the only item that shall indicate approval of the movement on public roadways.
- Applications shall be submitted a minimum of five (5) business days prior to move.

The permittee, its agents, employees, officers and assigns assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the transportation of vehicles and loads under a permit. Furthermore, the permittee, its agents, employees, and officers hold the City of Suffolk harmless from any and all claims, demands, actions, judgments, executions, damages or proceedings from any and all personal injury, and injuries to property real or personal, public or private, caused by 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