



**City of Suffolk**  
 Public Works Engineering  
 One Stop Shop - Permits  
 442 W. Washington Street, 1<sup>st</sup> Floor  
 Suffolk, Virginia 23434

Phone: (757) 514-7606 Fax: (757) 514-7620 Email: pwhaulingpermits@suffolkva.us

Single Trip  
 Blanket  
 Super Load  
 Return Trip

**Hauling Permit Application**

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.	ft.	in.	ft.	in.	
<b>Number of axles:</b>		<b>Minimum wheel base:</b> _____ ft. _____ in.				<b>Front overhang:</b> _____ ft. _____ in.		<b>Rear overhang:</b> _____ ft. _____ in.		
Axle weight and spacing										
Axle	1	2	3	4	5	6	7	8	9	
Weight (lbs)										
<b>Between axles</b>	<b>1 - 2</b>	<b>2 - 3</b>	<b>3 - 4</b>	<b>4 - 5</b>	<b>5 - 6</b>	<b>6 - 7</b>	<b>7 - 8</b>	<b>8 - 9</b>		
Distance (between axles)	_____ ft. _____ in.	_____ 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
<b>9 - 10</b>	<b>10 - 11</b>	<b>11 - 12</b>	<b>12 - 13</b>	<b>13 - 14</b>	<b>14 - 15</b>	<b>15 - 16</b>	<b>16 - 17</b>	<b>17 - 18</b>	
_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.	_____ ft. _____ in.

**Route**

<b>Origin</b> <i>Where is the load coming from?</i>	<b>Destination</b> <i>Where is the load going?</i>
<b>Requested route of travel in the City of Suffolk</b> <i>(What route is the load requesting to "Enter &amp; 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