

DATE: \_\_\_\_\_

Form CC-1 - Revised 4/28/11

Gary Smith, Permit Supervisor

# CLINTON COUNTY MOVING PERMIT

Clinton County Engineer's Office  
1326 Fife Avenue  
Wilmington, OH 45177  
Phone (937) 382-2078 Fax (937) 382-5318

Permission is hereby requested by the following to transport the equipment and load described below:				<b>COUNTY PERMIT NUMBER:</b>	
<i>(Please type or print)</i>				<b>TYPE PERMIT:</b> <input type="checkbox"/> Trip (14 calendar days) <input type="checkbox"/> Trip & Return (14 calendar days) <input type="checkbox"/> 90 Day Multiple Move <input type="checkbox"/> Annual (1 yr. from date granted) <input type="checkbox"/> Construction Equipment (12' legal) <input type="checkbox"/> Farm Equipment (14' legal) <input type="checkbox"/> Manufactured Building <input type="checkbox"/> Other	
<b>Name:</b> _____ <b>Address:</b> _____ <b>Phone No:</b> _____ <b>Fax No:</b> _____ <b>E-mail (optional):</b> _____ <i>(Application must be signed below in space provided.)</i>					
<b>MAKE &amp; MODEL</b>	<b>LICENSE NO.</b>	<b>STATE</b>	<b>ALL WEIGHTS IN POUNDS WEIGHT EMPTY</b>	<b>THIS PERMIT IS VALID</b>	
Truck or Tractor				Beginning: _____	
*Semi-Trailer				Ending: _____	
Other Trailer (Jeep, Dolly)				<b>All Dimensions Feet &amp; Inches DIMENSIONS</b>	
Description of Load including Make & Model, if applicable:			Net Load	<b>Vehicle &amp; Load Overall</b>	
Check if applicable: <input type="checkbox"/> Load is towed on its own frame & carriage <input type="checkbox"/> Load is under its own power <input type="checkbox"/> Variable trailers, see attached			Total Gross Weight	Length	Height
<input type="checkbox"/> All weights (axle & gross are LEGAL in accordance with Section 5577.04 O.R.C.) If checked, do not complete axle loads & spacing section of this application.				Length	Height
				<b>Load Only</b>	
				Length	Height
				Width	Width
<b>AXLE SPACING</b>		<b>AXLE LOADS</b>		<b>TIRES</b>	
A	Axle No.		No. on Axle	Sizes	
B	1.				
C	2.				
D	3.				
E	4.				
F	5.				
G	6.				
H	7.				
I	8.				
		9.			
		10			
Total Gross Weight					

Limitations listed on back of Application Form CC-1 apply. Special provisions as checked or listed below apply. Move only during daylight hours. Movement is prohibited Saturday, Sunday or a holiday.

Permitee is responsible to check the route for abnormal, changed or unknown conditions which may exist during any move.

I, \_\_\_\_\_ do hereby swear that I am  
*(Printed Name)*

the applicant or his/their legally authorized representative and that the statements made in the foregoing application are true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY VOID IF BLANK, ALTERED OR UNSIGNED	
<b>PERMIT IS HEREBY:</b>	
_____	Granted
_____	Denied
By: _____	
<i>County Representative</i>	
Date: _____	Time: _____