DATE:		
DAIL.		

Form CC-1 - Revised 4/28/11

CLINTON COUNTY MOVING PERMIT

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

email: gsmith@clintoncountyengineer.org

F		equested by	the following	to transport th	e equipment a	nd load described b	elow:	COUNTY PERMI	ΓNUMBER:	
Address: Phone No: Fax No: E-mail (optional):										
Phone No:Fax No:						•				
Phone No: Fax No:	Address.					•	_			
E-mail (optional): (Application must be signed below in space provided.) MAKE & MODEL LICENSE NO. STATE ALL WEIGHTS IN POUNDS WEIGHT EMPTY Truck or Tractior Tractior Semi-Trailer Other Trailer Other Trailer Other Insiler Oth	Phone No: Fay No:				-					
MAKE & MODEL LICENSE NO. STATE ALL WEIGHTS IN POUNDS WEIGHT EMPTY Truck or Tractor Semi-Trailer Other Trailer Other Trailer Other Trailer Other July Description of Load including Make & Model, if applicable: Load is under its own power Variable trailers, see attached All weights (axie & gross are LEGAL in accordance with Section 5577.04 O.R.C.) If checked, do not complete avia loads & spacing section of this application. AXLE SPACING A Avia No. B 1. C 2. D 3.3 B 1. C 5. G 6. B 4. F 7. I 1. B 8. B 1. C 9. B 9. I 10 B										
MAKE & MODEL LICENSE NO. STATE ALL WEIGHTS IN POUNDS WEIGHT EMPTY Truck or Tractor Semi-Trailer Other Trailer Other Traile					rovidad l	•	l —			
MAKE & MODEL LICENSE NO. STATE	(Application must be signed below in space p				ovidea.)		1 —		- '	
Truck or Tractor	MAKE & MODEL LICENSE NO. STAT		STATE			l –				
Tractor					WEIG	HIEMPIY			=	
Semi-Trailer Other Trailer Queep, Dolly) Description of Load including Make & Model, if applicable: Net Load Total Gross Weight All Dimensions Feet & Inches DIMENSIONS Vehicle & Load Overall Length										
Other Trailer (Jeep, Dolly) Description of Load including Make & Model, if applicable: Net Load Total Gross Weight Length Height Width							Beginning: _			
Cleep, Dolly Description of Load including Make & Model, if applicable:	*Semi-Trailer							Dimensions Feet &	& Inches	
Description of Load including Make & Model, if applicable: Check if applicable:	Other Trailer							DIMENSIONS	3	
Check if applicable:								Vehicle & Load Overall		
Check if applicable: □ Load is towed on its own frame & carriage □ Load is under its own power □ Variable trailers, see attached □ All weights (axile & gross are LEGAL in accordance with Section 5577.04 O.R.C.) If checked, do not complete axile loads & spacing section of this application. AXLE SPACING	Description of Load including Ma	ake & Model	, if applicable	:	Net Load		Length	Height	Width	
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□ Load is under its own power □ Variable trailers, see attached □ 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. AXLE SPACING	Check if applicable: ☐ Load is t	towed on its	own frame &	carriage	10141 0103	3 Weight		Load Only		
If checked, do not complete axle loads & spacing section of this application. AXLE SPACING AXLE LOADS TIRES MOVEMENT TO BE MADE Axle No. Axle No. 1. C. 2. D. 3. E. 4. 4. 5. 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,	☐ Load is under its own power	□ Variable t	trailers, see at	ttached			Length		Width	
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A Axle No. No. on Axle Sizes From No. on Axle Sizes From	If checked, do not complete		& spacing sed	ction of this ap						
B	AXLE SPACING		AXLE LO	ADS		TIRES				
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SIGNATURE: County Representative Date: Time:	D E F G H I Total Gross Weight Limitations listed on back or listed below apply. Mov Sunday or a holiday. Permitee is responsible to conditions which may exist I, (F the applicant or his/their le	3. 4. 5. 6. 7. 8. 9. 10 of Applicative only du	ring daylighe route for a ny move.	abnormal, cl	hanged or unhereby sweamed that the	orohibited Saturo nknown ar that I am statements	ked day, VOID IF PERMIT IS	FOR OFFICE USE CONTROL OF THE CONTRO	R UNSIGNED	