

**ALLEGAN COUNTY ROAD COMMISSION
SINGLE MOVE PERMIT**

Permit # _____

Effective Date: _____

Expiration Date: _____

\$50 Fee per Round Trip up to 5 calendar days

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the Allegan County Road Commission and attest that these loads do not exceed the weights and dimensions listed below.

APPLICANT: _____ ADDRESS: _____

CITY/STATE/ZIP CODE: _____ PHONE: _____

SIGNATURE: _____ TITLE: _____ FAX: _____

It is understood that this Single Move Permit is being issued for vehicles with the following axle loading or overall dimensions and that exceeding these limits will **void** the permit. Failure to follow the Rules and Regulations on reverse or attached will **void** the permit.

Power Unit # _____ Make/Model/Year _____ License _____

Overall Width _____ Overall Height _____ Overall Length _____ Vehicle Width _____

Axle Number	Axle Weight in Pounds Loaded Vehicle	Number of tires and Pneumatic Tire Size	Axle Spacing in Feet and Inches			
			1 to 2		6 to 7	
1						
2			Ft.	In.	Ft.	In.
3			2 to 3		7 to 8	
4			Ft.	In.	Ft.	In.
5			3 to 4		8 to 9	
6			Ft.	In.	Ft.	In.
7			4 to 5		9 to 10	
8			Ft.	In.	Ft.	In.
9			5 to 6		10 to 11	
10			Ft.	In.	Ft.	In.
11			Total Number of Tires		Tot. Tire Width on Axle	
Total						

Load Desc: _____

Route is as follows: _____

*If the proposed move utilizes state highways or city streets, permission must be obtained from the state or local authorities.
Please note that it may take up to 48 hours for approval of your permit.*

Approved by: _____ Date: _____