

GREEN CREEK TOWNSHIP

(SANDUSKY COUNTY OHIO)

3106 Limerick Road

Clyde, OH 43410

Hauling Permit

OVERWEIGHT / OVERSIZE VEHICLE PERMIT APPLICATION & PERMIT

("Permit" is Valid only when signed/issued by Permitting Authority)

Applicant Name - Owing Company or Contractor				Application Date					
Address				Contact Person					
City	State	Zip		Telephone Number					
FEIN	☐ ICC-MC ☐ ODOT	No.		Fax Number or E-mail					
Load - Description (include make and model or serial number)				☐ Towed ☐ Loaded		☐ Self-Propelled		☐ Various Trailers	
Vehicles	Make	Plate No. and State	Empty Wt.	No. of Axles	Sizes	Length	Width	Height	
Power-Unit					Power Unit				
Trailer #1					Trailer #1				
Trailer #2					Trailer #2				
Load Weight		Total Gross Weight		Load + Empty Weights		Load			
LBS.		0 LBS.		= 0 LBS.		Overall			
COMPLETE IF OVERWEIGHT									
Axle Number	1	2	3	4	5	6	7	8	
Axle Weight									
Number of Tires on Axle									
Tire Width									
Spacing Between Axles									
ROUTING INFORMATION									
From: (Intersection or Address)				To: (Intersection or Address)					
VIA Highways / Roads									
Township Comments:									

Type of Permit Requested: (Check All Applicable)

- ☐ All Weights Legal
- ☐ Construction Equipment (12' wide or less & All Weights Legal)
- ☐ Other Permit Type _____
(Use "Type Permit" as listed on ODOT Permit)
- Duration of Permit:** Desired Effective Date: _____
- ☐ 5 days ☐ 90 Days ☐ 365 days ☐ Other _____

ODOT Permit # (if available): OH _____

(An ODOT permit must be obtained if there will be travel on State controlled roadways in conjunction with movement on any roadway authorized by this permit.)

A copy of this permit shall be in the possession of the driver at all times and shall be shown on demand to any law enforcement officer.

Office Use Only:

- ☐ Overweight ☐ Overwidth
- ☐ Overheight ☐ Overlength
- ☐ Single Trip ☐ Police Escort
- ☐ Trip & Return
- ☐ Other Fee (See Note)
- ☐ Total Permit Fee = \$ _____

Note: _____

(SANDUSKY COUNTY OHIO)

For More Than 9 Axles

Hauling Permit

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Applicant Name - Owning Company or Contractor					Application Date				
Load - Description (include make and model or serial number)									
Vehicles	Make	Plate No. and State		Empty Wt.	No. of Axles	Sizes	Length	Width	Height
Trailer #3						Trailer #3			
Trailer #4						Trailer #4			
Trailer #5						Trailer #5			
Load Weight LBS. 0		Total Gross Weight LBS. 0		Load + Empty Weights LBS. 0		Load			
						Overall			
COMPLETE IF OVERWEIGHT									
Axle Number	10	11	12	13	14	15	16	17	18
Axle Weight									
Number of Tires on Axle									
Tire Width									
Spacing Between Axles									

Additional Comments:

[illegible]

TERMS & CONDITIONS

Pursuant to Section 4513.34 of the Ohio Revised Code, the below-named permittee is hereby authorized to move the vehicles, objects or structures identified herein that are in excess of the weight and/or size maximums specified in sections 5577.01 to 5577.09 of the Revised Code, or otherwise not in conformity with sections 4513.01 to 4513.37 of the Revised Code. Movement is authorized upon the specific streets, highways, bridges or culverts identified herein and the permittee shall be limited to those routes specified and no others. Authorization to traverse bridges/structures owned and/or maintained by entities other than the Green Creek Township Trustees must be obtained from the proper authorities (e.g. State owned roadways, County **(Note: County may be responsible for some structures on Township roadways)**, City or Village roadways). It is the sole responsibility of the hauler/permittee to ensure that all movement can be made safely. Hauler/Permittee is responsible to notify rail companies prior to movement over any railroad crossing. Maximum permitted speed shall not exceed 45 MPH.

This permit may be suspended or revoked (in accordance with the O.R.C.) by the Township Trustee(s) or any law enforcement officer for good cause, including, but not limited to, any violation of the terms, conditions and limitations of this permit, violation of law, or any lapse or reduction of the required insurance coverages (required insurance shall be, at a minimum, equal to that which is required by ODOT's OS-32 form).

This permit shall take effect on the _____ day of _____, 20____, and shall expire on the _____ day of _____, 20____ (or the date of expiration of the required insurance, whichever is earlier; or in the case of a single move, upon the completion of the move).

This permit is subject to all Terms, Conditions and Limitations contained herein. All limitations/provision and special conditions required as part of an ODOT permit issued for the permitted vehicle/load specified in this permit shall be considered requirements of this permit.

Additional Notes / Terms & Conditions of this Permit:

Name of Permittee/Applicant: _____

Address: _____

Phone: _____

By signing below, I agree or agree on behalf of the permittee that I have read and accept all the Terms, Conditions, Limitations and Provisions of this permit, and I verify that the information being submitted is true and exact, without exception. Furthermore, the permittee agrees to pay the cost of repairing any and all damages caused to highways or structures by the movement of the permitted load and agrees to hold the Permitting Authority, the Township Trustees, the Sandusky County Commissioners, the Sandusky County Engineer, the Local Authority with jurisdiction over said roadway, A2B Permits, LLC and/or all other government entities associated with permitted move harmless from any and all liability. Acceptance of this permit shall be deemed acceptance of the Terms, Conditions, Limitations and Provisions specified herein.

Signature: _____ Date: _____

(In lieu of signature, type name of duly authorized individual that is requesting permit on behalf of "Applicant" as listed above)

"LIMITATIONS/PROVISIONS ON THE USE OF A HAULING PERMIT" **Must** accompany this permit

Email completed "Application" to: **info@a2bpermits.com** or

ALL Hauling Permit requests for Green Creek Township roadways are processed by A2B Permits, LLC
Please contact A2B Permits at 419-602-2279 or 567-417-5840 with any questions

Official Use Only

Issuance Date: _____
Effective Date: _____
Expiration Date: _____
Permit No.: _____
Permit Type: _____

Sandusky County Engineer

Reviewed/Authorized by: _____

Date

Township Use Only

Void if blank, altered, or unsigned.

Note: _____

Date