

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: **COUNTY PERMIT NUMBER:**

(Please type or print)  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_  
**E-mail (optional):** \_\_\_\_\_  
*(Application must be signed below in space provided.)*

- TYPE PERMIT:
- Trip (14 calendar days)
  - Trip & Return (14 calendar days)
  - 90 Day Multiple Move
  - Annual (1 yr. from date granted)
  - Construction Equipment (12' legal)
  - Farm Equipment (14' legal)
  - Manufactured Building
  - Other

| MAKE & MODEL   | LICENSE NO. | STATE | ALL WEIGHTS IN POUNDS<br>WEIGHT EMPTY |
|--|-------------|-------|---------------------------------------|
| Truck or Tractor   |             |       |                                       |
| *Semi-Trailer  |             |       |                                       |
| Other Trailer (Jeep, Dolly)  |             |       |                                       |
| Description of Load including Make & Model, if applicable:   |             |       | Net Load                              |
| Check if applicable: <input type="checkbox"/> Load is towed on its own frame & carriage<br><input type="checkbox"/> Load is under its own power <input type="checkbox"/> Variable trailers, see attached |             |       | Total Gross Weight                    |
| <input type="checkbox"/> All weights (axle & gross are LEGAL in accordance with Section 5577.04 O.R.C.)<br>If checked, do not complete axle loads & spacing section of this application.                 |             |       |                                       |

THIS PERMIT IS VALID

Beginning: \_\_\_\_\_  
Ending: \_\_\_\_\_

All Dimensions Feet & Inches  
**DIMENSIONS**

Vehicle & Load Overall

|        |        |       |
|--------|--------|-------|
| Length | Height | Width |
|        |        |       |

Load Only

|        |        |       |
|--------|--------|-------|
| Length | Height | Width |
|        |        |       |

| AXLE SPACING       | AXLE LOADS |  | TIRES       |       | MOVEMENT TO BE MADE |
|--------------------|------------|--|-------------|-------|---------------------|
| A                  | Axle No.   |  | No. on Axle | Sizes | From                |
| B                  | 1.         |  |             |       | To:                 |
| C                  | 2.         |  |             |       |                     |
| D                  | 3.         |  |             |       | Via Routes:         |
| 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

PERMIT IS HEREBY:

\_\_\_\_\_ Granted  
\_\_\_\_\_ Denied

By: \_\_\_\_\_  
*County Representative*

Date: \_\_\_\_\_ Time: \_\_\_\_\_