

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

Form CC-1 - Revised 3/9/26

# CLINTON COUNTY MOVING PERMIT

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

email: [permits@clintoncountyengineer.org](mailto:permits@clintoncountyengineer.org)

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 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 <input type="checkbox"/> Load is under its own power <input type="checkbox"/> Variable trailers, see attached			Total Gross Weight

THIS PERMIT IS VALID

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

All Dimensions Feet & Inches  
**DIMENSIONS**

Vehicle & Load Overall

Length	Height	Width

Load Only

Length	Height	Width

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	AXLE LOADS		TIRES		MOVEMENT TO BE MADE
A	Axle No.		No. on Axle	Sizes	From
B	1.				To: Via Routes:
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

PERMIT IS HEREBY:

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

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

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