

SPECIAL HAULING SURVEY/ APPLICATION FOR OVER DIMENSIONAL/ OVERWEIGHT VEHICLES

APPLICANT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE#: _____ FAX: _____

(Load Description) (Towing Vehicle: Make/Model/Yr)
Truck/Tractor Plate # _____ Trailer Plate # _____

OVERALL VEHICLE DIMENSIONS

GROSS VEHICLE WEIGHTS: _____ POUNDS
HEIGHT: _____' _____" LENGTH: _____' _____" WIDTH: _____' _____"

OVERWEIGHT VEHICLES

Axle 1 weight: _____	Axle 1-2 spacing: _____
Axle 2 weight: _____	Axle 2-3 spacing: _____
3 weight: _____	3-4 spacing: _____
4 weight: _____	4-5 spacing: _____
5 weight: _____	5-6 spacing: _____
6 weight: _____	6-7 spacing: _____
7 weight: _____	7-8 spacing: _____
8 weight: _____	8-9 spacing: _____
9 weight: _____	9-10 spacing: _____
10 weight: _____	10-11 spacing: _____
11 weight: _____	

SPECIFIC ADDRESS OF TRIP:
ORIGIN: _____ DESTINATION: _____
ROUTING: _____

(Give detailed State/County/Town Road Names/Numbers)

THE PERSON(S) / COMPANY APPLYING CERTIFIES THERE IS SAFE AND SUFFICIENT CLEARANCE TO ALL OVERHEAD OBSTACLES, THAT THE GROSS VEHICLE WEIGHT AS STATED ABOVE DOES NOT EXCEED HIGHWAY AND/OR STRUCTURAL WEIGHT POSTINGS ON ANY ROUTES, AND THAT THE SURVEY HAS BEEN PERFORMED NO EARLIER THAN ONE (1) WEEK PRIOR TO THE MOVE. HIGHWAYS OTHER THAN THOSE UNDER THE JURISDICITON OF THE ST. LAWRENCE COUNTY DEPARTMENT OF HIGHWAYS WILL BE SHOWN FOR ROUTING CONTINUITY, BUT APPEARANCE OF ROUTES OTHER THAN THOSE UNDER THE JURISDICTION OF ST. LAWRENCE COUNTY DEPARTMENT OF HIGHWAYS DOES NOT CONSTITUTE PERMISSION OR AUTHORIZATION FOR THEIR USE. SUBMISSION OF OR OPERATION ON A ROUTE SURVEY ROUND NOT TO BE LEGITIMATE BY ANY LAW ENFORCEMENT OFFICER OR DEPARTMENT OF HIGHWAYS EMPLOYEE OR A SURVEY NOT ACTUALLY PERFORMED ON THE DATE SHOWN ABOVE, WILL RESULT IN REVOCATION OF THE EXISTING SPECIAL HAULING PERMIT AND MAY RESULT IN NON-ISSUANCE OF FUTURE SPECIAL HAULING PERMITS.

DATE OF MOVE: _____ ROUTE PHYSICALLY SURVEYED ON: _____

(Certified Signature-Person Performing Survey)

(AUTHORIZED SIGNATURE – DATE)

PLEASE ATTACH A COPY OF THE INSURANCE CERTIFICATE FOR THE HAULING VEHICLE (NAMING ST. LAWRENCE COUNTY ADDITIONAL INSURED), AS WELL AS A COPY OF THE STATE PERMIT IF YOU HAVE ONE.

Overdimension/Overweight Hauling Permit Insurance Requirements

For all Permits:

The applicant will keep the entire operation covered by Comprehensive Automobile Liability Insurance having the following minimum coverage:

Comprehensive Automobile Liability - Bodily Injury	Each Person \$500,000.00	Each Occurrence \$1,000,000.00
--	--------------------------------	--------------------------------------

Comprehensive Automobile Liability - Property Damage	Each Occurrence \$500,000.00
--	------------------------------------

A Certificate of Insurance shall be filed with the St. Lawrence County Department of Highways Office extending endorsement of the above minimum coverage. This **CERTIFICATE SHALL LIST** the St. Lawrence County Department of Highways and the County Superintendent of Highways as a **CERTIFICATE HOLDER** and as **ADDITIONAL INSURED**. The address shall be listed as 44 Park Street, Canton, NY 13617.

For any permit that meets any one of the following:

1. Total vehicle width 12 feet or over;
2. Total Vehicle length 80 feet or over; and/or
3. Total Vehicle height 14 feet or over.

Additional insurance required by the applicant will be Owner's or Contractor's Protective Liability Insurance having the following minimum coverage:

Owner's or Contractor's Protective - Bodily Injury Liability	Each Person \$500,000.00	Each Occurrence \$500,000.00
--	--------------------------------	------------------------------------

Owner's or Contractor's Protective - Property Damage Liability	Each Occurrence \$500,000.00	Aggregate \$1,000,000.00
--	------------------------------------	-----------------------------

A Certificate of Insurance shall be filed with the St. Lawrence County Department of Highways Office extending endorsement of the above minimum coverage. This **CERTIFICATE SHALL LIST** the St. Lawrence County Department of Highways and the County Superintendent of Highways as a **CERTIFICATE HOLDER** and as **ADDITIONAL INSURED**. The address shall be listed as 44 Park Street, Canton, NY 13617.