

**DEFIANCE COUNTY**  
 510 Court Street - Suite 201  
 Defiance, Ohio 43512  
 419-782-4751

**SPECIAL HAULING PERMIT APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Permit Type: Single Move Trip \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Trip & Return (14 day) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Annual Overwide/size \_\_\_\_\_

Load Description: (make, model, serial no.) \_\_\_\_\_ Annual (Fleet) \_\_\_\_\_

Towed \_\_\_\_\_  
 Loaded \_\_\_\_\_  
 Various Trailers \_\_\_\_\_  
 Self-Propelled \_\_\_\_\_

VEHICLES	MAKE	LIC.NO./STATE	EMPTY W'T	NO. AXLES
Power Unit				
Trailer				
Other Trailer				

Load Weight	Gross Weight	Sizes	Length	Width	Height
		Load			
		Power Unit			
		Trailer			
		Front Over.			
		Rear Over.			
		Overall			

Planned Move Date: \_\_\_\_\_

**OVERWEIGHT SECTION**

Axle No.	1	2	3	4	5	6	7	8
Tires/Axle								
Tire Size								
Axle Wt.								
Space<>								

**ROUTING INFORMATION**

From: \_\_\_\_\_ To: \_\_\_\_\_

Via Highways / Roads: \_\_\_\_\_

Comments: \_\_\_\_\_