

# SPECIAL HAULING PERMIT

48 Hours Notice Required for Approval

COM-1

**CITY OF MASSILLON**  
**CITY ENGINEER/PUBLIC WORKS DIRECTOR**  
 151 LINCOLN WAY EAST  
 MASSILLON, OHIO 44646  
 Phone 330-830-1722  
 Fax 330-830-1786

Kathy Catazaro-Perry, Mayor  
 Joel P. Smith, Director of Public Safety and Service



Insurance Bond Required

Yes \_\_\_\_\_

No \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_

**Please Type or Print Legibly / All Dimensions Must be in Feet and Inches and Weights in Pounds**

Applicant Name- Owner / Leasee / Insured (of Vehicle)			Application Date		
Address (Mailing)			Telephone Number		
City	State	Zip Code	Fax Number		
All Weights Legal? _____ Yes	Various Trailers? _____	Email Address:			

**Vehicle Information**

	Make	No. Axles	License Number	State
Power Unit				
Trailer 1				
Trailer 2				
Trailer 3				

**Load Information**

	Make (if applicable)	Model (if applicable)	Length	Width	Height	Weight
Load						
Load Description				Owner of Load		

**Maximum Overall Dimensions**

Length	Width	Height	Weight	Deck Height of Trailer	Minimum Underclearance

**Axle Weights**

Total Number of Axles - _____	Complete if Overweight (Please Use COM-1A if more than 9 axles)								
Axle Number	1 (front)	2	3	4	5	6	7	8	9
Load (Axle Weights)									
Number of Tires									
Tire Width									
Axle Spacing:									

**Routing Information**

From (Location Address)	To (Location Address)
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Sequence of Roads in the City to be used:

\_\_\_\_\_

\_\_\_\_\_

Length of Haul on City Roads:

Desired Effective Date:	Date of Permit Termination:
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**ALL MOVEMENTS ARE SUBJECT TO THE LIMITATIONS AND PROVISIONS LISTED IN COM-1B WHICH SHALL BE CARRIED AT ALL TIMES ALONG WITH THIS PERMIT**

TYPE OF PERMIT (check only one)

SINGLE OCCASION:

ONE-WAY TRIP (\$50.00)

ROUND Trip (\$100.00)

X \_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

CONTINUING:

ANNUAL OVERSIZED OR LEGAL WEIGHT (\$100.00)

**Make Checks payable to: City Of Massillon**

*Please fax a copy of your check in with the permit*

SPECIAL

DESCRIPTION: \_\_\_\_\_

X \_\_\_\_\_  
 City Engineer

\_\_\_\_\_  
 Date

COM-1A

**CITY OF MASSILLON**

TO BE ATTACHED TO PERMIT FORM COM-1 WHEN NUMBER OF AXLES EXCEEDS NINE (9)

	Axle Spacings (Feet & Inches)	Axle Number	Axle Weights	No. of Tires per Axle	Tire Size
A		1			
B		2			
C		3			
D		4			
E		5			
F		6			
G		7			
H		8			
I		9			
J		10			
K		11			
L		12			
M		13			
N		14			
O		15			
P		16			
Q		17			
R		18			
S		19			
T		20			
U		21			
		22			
<b>TOTAL GROSS WEIGHT</b>					