

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

Load	Make (if applicable)	Model (if applicable)	Length	Width	Height	Weight
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)
-------------------------	-----------------------

Sequence of Roads in the City to be used:

Length of Haul on City Roads:

Desired Effective Date:	Date of Permit Termination:
-------------------------	-----------------------------

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: _____ X _____

ONE-WAY TRIP (\$50.00)
 ROUND Trip (\$100.00)

CONTINUING:

ANNUAL OVERSIZED OF LEGAL WEIGHT (\$100.00)

SPECIAL

DESCRIPTION: _____

X _____
 Signature of Applicant _____ Date _____

Make Checks payable to: City Of Massillon
 Please fax a copy of your check in with the permit

X _____
 City Engineer _____ Date _____

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			
		2			
B		3			
C		4			
D		5			
E		6			
F		7			
G		8			
H		9			
I		10			
J		11			
K		12			
L		13			
M		14			
N		15			
O		16			
P		17			
Q		18			
R		19			
S		20			
T		21			
U		22			
TOTAL GROSS WEIGHT					