

Hillsdale County Road Commission
1919 Hudson Road
Hillsdale, MI 49242
Phone: 517-437-4458 Fax: 517-437-0048

EXTENDED TRANSPORTATION PERMIT

\$100 annual, per county, per power unit

Permit Number _____
 Date Issued _____
 Receipt Number _____

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the Road Commission and attest that these loads do not exceed the maximum allowed as listed

Applicant _____ Address _____
 City/State/Zip Code _____ Phone - - _____
 Signature _____ Title _____ Fax - - _____
 Power Unit Number _____ Make/Model _____
 Year _____ License NBR _____

It is understood this Special Move Permit is being issued for vehicles with the following axle loading or overall dimensions and that exceeding these limits will void the permit. Failure to follow the Special Provisions on reverse or attached will void the permit.

MAXIMUM ALLOWABLE GROSS AXLE LOADING			MAXIMUM OVERALL DIMENSIONS	
SPACING BETWEEN AXLES	25%	40% *	(Loaded or Unloaded)	
9 feet or over (Single Axle)	22,500 lb	25,200 lb.	Width	12' - 6"
9 feet or over (1 Tandem Assembly only)	20,000 lb	22,400 lb.	Height	13' - 6"
More than 3 1/2 feet, but less than 9 feet	16,250 lb	18,200 lb.	Length of any combination	75' - 0"
Less than 3 1/2 feet.	11,250 lb	12,600 lb	Length of 1 truck or, power unit	45' - 0"

* For this permit to be valid over the 25% limit and up to the 40% limit requires 48 hour advance notification to the issuing Road Commission and specific route assignment and approval for the specific move that exceeds the 25% limit. In no case may this permit be used to exceed the 40% limit.

Maximum load on any wheel shall not exceed 700 pounds per inch of tire width.

Effective Date: _____ Expiration Date: _____

Attachment: _____ Vin Number: _____

Remarks/Routing:

Via: Weight - Axle Spacing - Tires		PERMIT NOT VALID DURING FROST LAWS!!							
Axle Number	1	2	3	4	5	6	7	8	
Axle Weight									
Tire Size									
Number of Tires									
Axle Spacing	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8		

Recommended for Issuance By:

Approved By:

Title: Supervisor or Clerk Date _____ Title: Supervisor or Clerk Date _____