Phone - 517-437-4458
Fax - 517-437-0048

HILLSDALE
COUNTY ROAD COMMISSION
SINGLE MOVE PERMIT

1919 Hudson Road
Hillsdale, MI 49242

$100 - Special Moves
$ 25 per Round Trip up to 5 business days
$ 50 Multiple Trips up to 5 business days

Permit Nbr_____
Effective Date_____
Expiration Date_____
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 weights and dimensions listed below.

APPLICANT_____ ADDRESS_____

CITY/STATE/ZIP CODE_____ PHONE_____

SIGNATURE_____ TITLE_____ FAX_____

It is understood this Single 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.

Power Unit Number_____ Make/Model/Year_____ License_____ VIN Nbr_____

Overall Width_____ Overall Height_____ Overall Length_____ Vehicle Width_____

Axle Number	Axle Weight in Pounds Loaded Vehicle	Number of tires, Tire Size and Tire Width (in inches)	Axle Spacing in Feet and Inches	
1			1 to 2 Ft. In.	6 to 7 Ft. In.
2				
3			2 to 3 Ft. In.	7 to 8 Ft. In.
4				
5			3 to 4 Ft. In.	8 to 9 Ft. In.
6				
7			4 to 5 Ft. In.	9 to 10 Ft. In.
8				
9			5 to 6 Ft. In.	10 to 11 Ft. In.
10				
11			Total Number of Tires	Tot. Tire Width on Axle
Total				

Load Desc:_____

Route is as follows:_____

If the proposed move utilizes state highways or city streets, permission must be obtained from the state or local authorities

Recommended For Issuance By:

Title:_____ Date:_____

Approved By:

Title:_____ Date:_____

revised 03/08/05