## SPECIAL HAULING PERMIT X

## City of Canton Engineering Department

2436 30th St. NE

Canton, OH 44705 Insura

Insurance Bond Required



Phone: (330)	489-3381				Yes			V	TON,OH T	HOM	IAS M	. BERN	ABEI	, MAYOF
Email: engin	eering@canto	onohio.gov		Amount of	f Bond \$ C	0.00								
Please Type	e or Print Leg	ibly / All Dim	ension	Must be	e in Feet and	d Inche	es and Weigh	nts in Po	unds					
Applicant Name- Owner / Leasee / Insured (of Vehicle)								Application Date						
Address (Mailing)								Telephone Number						
City			State			Zip Code		Fax Number						
All Wei	Various Trailers?			Email	Email Address:									
Vehicle Info	ormation						007 3461 139 63	100	2/	1000				1.0
	N	1ake			No. Axles			License Number				State		
Power Unit														
Trailer 1														
Trailer 2														
Trailer 3											50			
Load Inform	mation	65367030							76729.3		1,004	M. G. L. L.	1,230	
Make (if ap			licable) Model (if applica			ble)	le) Length		Width		Hei	Height		Veight
Load Description									Owner of Load	1				
	verall Dimens	ions			1 🖹		19989							all e
Length Widt		Width	h Height				Weight		Deck Height of Trailer		iler	Minimum Underclearance		
Axle Weigh	nts	100	99	ń.		ŵ			\$7		160			
Total Number	er of Axles				Co	omplete	if Overweigh	t (Please	Use COM-1A if	more th	an 9 axl	es)		
Axle Number 1		1 (front)	4 13	2 3			4	5	5 6 7		7	8		9
Load (Axle Weights)														
Numbe	er of Tires		20							2	-			
Tire Width														
Axle Spacing	g:	A.S. IS	40 0	2.5				0			6.0		36	ā le
Routing Inf	formation	150			92.		107	200						2/4
From (Location Address)							To (Location	Address)						
Length of Ha	aul on City Roa	ds:					50							
Desired Effective Date:							Date of Permit Termination: X							
ALL MOVE	MENTS ARE S	ивјест то ті	HE LIMI	TATIONS	AND PROV	ISIONS	S LISTED IN	COM-1B	WHICH SHAL	L BE CA	RRIED	AT ALL T	IMES /	ALONG
WITH THIS	PERMIT													
TYPE OF PER	MIT (check on	ly one)												
	SINGLE OCCAS					X			Water Parks of the Control of the		_		<u> </u>	- 10
ROUND TRIP (\$50.00)						Signature of Applicant Date					Date			
	CONTINUING:													
	QUARTERLY O	/ERSIZED/OVERV	VEIGHT (	\$400)		X	(	Traffic Fr	ngineering		_			Date
	ANNUAL:				1110 1110 1110	<i>(</i> )		. rame El	0					
YEARLY PERMIT FOR ONE VEH							(	m d Santanada					Data	
(Call for pricing) *discounts for companies with multiple			rucks Yes			22		Civil Engineering					Date	
			10.1.			X	(							
Make Checks payable to: City of Canton							Di	rector of	Public Safety		30		1	Date

Signature by the Director of Public Safety indicates approval of travel on streets and bridges owned by the City of Canton along the Approved route.

Applicant is responible for obtianing any respective approvalsneeded for travel on streets and bridges not owned by the City of Canton along the approved route.

Mail or deliver check to City of Canton Eng. Dept., 2436 30th St. NE, Canton, OH 44705

Before mailing the check, email a scan or photo of check and permit to engineering@cantonohio.gov