ST. LAWRENCE COUNTY DEPARTMENT OF HIGHWAYS

44 Park St., Canton, NY 13617

Phone: 315-379-1542 Fax: 315-379-1061

SPECIAL HAULING SURVEY/ APPLICATION FOR OVER DIMENSIONAL/ OVERWEIGHT VEHICLES

APPLICANT:	
CITY/STATE/ZIP:	EAV.
PHONE#:	FAX:
(Load Description)	(Towing Vehicle: Make/Model/Yr)
Truck/Tractor Plate #	
OVERAI	LL VEHICLE DIMENSIONS
GROSS VEHICLE WEIGHTS:	POUNDS
HEIGHT:"	LENGTH:
OVE	ERWEIGHT VEHICLES
Axle 1 weight:	Axle 1-2 spacing:
Axle 2 weight:	Axle 2-3 spacing:
3 weight:	3-4 spacing:
4 weight:	4-5 spacing:
5 weight:	5-6 spacing:
6 weight:	6-7 spacing:
7 weight:	7-8 spacing:
8 weight:	8-9 spacing:
9 weight:	9-10 spacing:
10 weight:	10-11 spacing:
11 weight:	1 0
SPECIFIC ADDRESS OF TRIP:	
ORIGIN:	DESTINATION:
ROUTING:	
(Give detailed Stat	te/County/Town Road Names/Numbers)
THE DEDSON(S) / COMDANY ADDI VING CEDTIEIES THED	E IS SAFE AND SUFFICIENT CLEARANCE TO ALL OVERHEAD OBSTACLES, THAT
THE GROSS VEHICLE WEIGHT AS STATED ABOVE DOE ROUTES, AND THAT THE SURVEY HAS BEEN PERFORMI THAN THOSE UNDER THE JURISDICITON OF THE ST. LAY CONTINUITY, BUT APPEARANCE OF ROUTES OTHE	ES NOT EXCEED HIGHWAY AND/OR STRUCTURAL WEIGHT POSTINGS ON ANY ED NO EARLIER THAN ONE (1) WEEK PRIOR TO THE MOVE. HIGHWAYS OTHER WRENCE COUNTY DEPARTMENT OF HIGHWAYS WILL BE SHOWN FOR ROUTING OR THAN THOSE UNDER THE JURISDICTION OF ST. LAWRENCE COUNTY
DEPARTMENT OF HIGHWAYS DOES NOT CONSTITUTE P	
	EY ROUND NOT TO BE LEGITIMATE BY ANY LAW ENFORCEMENT OFFICER SURVEY NOT ACTUALLY PERFORMED ON THE DATE SHOWN ABOVE, WILL
	AL HAULING PERMIT AND MAY RESULT IN NON-ISSUANCE OF FUTURE
DATE OF MOVE:	ROUTE PHYSICALLY SURVEYED ON:
(Certified Signature-Person Performing Survey)	(AUTHORIZED SIGNATURE – DATE)

PLEASE ATTACH A COPY OF THE INSURANCE CERTIFICATE FOR THE HAULING VEHICLE (NAMING ST. LAWRENCE COUNTY ADDITIONAL INSURED), AS WELL AS A COPY OF THE STATE PERMIT IF YOU HAVE ONE.

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Overdimension/Overweight Hauling Permit Insurance Requirements

For all Permits:

The applicant will keep the entire operation covered by Comprehensive Automobile Liability Insurance having the following minimum coverage:

Each Each

Comprehensive Automobile Person Occurrence Liability - Bodily Injury \$500,000.00 \$1,000,000.00

Each

Comprehensive Automobile Occurrence Liability - Property Damage \$500,000.00

A Certificate of Insurance shall be filed with the St. Lawrence County Department of Highways Office extending endorsement of the above minimum coverage. This **CERTIFICATE SHALL LIST** the St. Lawrence County Department of Highways and the County Superintendent of Highways as a **CERTIFICATE HOLDER** and as **ADDITIONAL INSURED**. The address shall be listed as 44 Park Street, Canton, NY 13617.

For any permit that meets any one of the following:

- 1. Total vehicle width 12 feet or over;
- 2. Total Vehicle length 80 feet or over; and/or
- 3. Total Vehicle height 14 feet or over.

Additional insurance required by the applicant will be Owner's or Contractor's Protective Liability Insurance having the following minimum coverage:

Owner's or Contractor's Each Each

Protective - Bodily Injury Person Occurrence Liability \$500,000.00 \$500,000.00

Owner's or Contractor's Each

Protective - Property Damage Occurrence Aggregate
Liability \$500,000.00 \$1,000,000.00

A Certificate of Insurance shall be filed with the St. Lawrence County Department of Highways Office extending endorsement of the above minimum coverage. This **CERTIFICATE SHALL LIST** the St. Lawrence County Department of Highways and the County Superintendent of Highways as a **CERTIFICATE HOLDER** and as **ADDITIONAL INSURED**. The address shall be listed as 44 Park Street, Canton, NY 13617.