

# CITY OF CANAL WINCHESTER

## APPLICATION FOR SPECIAL PERMIT

TYPE: OVERSIZE/OVER WEIGHT VEHICLES IN CITY R/W.

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1. Name: \_\_\_\_\_
  2. Mailing Address: \_\_\_\_\_
  3. Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_
  4. Requested Route: \_\_\_\_\_  
\_\_\_\_\_
  5. Destination: \_\_\_\_\_
  6. Purpose of travel: \_\_\_\_\_
  7. Date(s) of move: \_\_\_\_\_
  8. Equipment model/description: \_\_\_\_\_

I hereby agree to comply with all terms, conditions, restrictions and regulations of the City of Canal Winchester Codified Ordinance 339, ORC 4513 and ORC 5501. If compliance is not met in the opinion of the City, it is understood that the City's representative or designee may revoke this permit and demand that travel in the R/W be halted.

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|           |      |      |
|-----------|------|------|
| Signature | Name | Date |
|-----------|------|------|

Along with this application form the following shall be provided:

1. Copy of Liability Insurance Certificate
2. Map of proposed route
3. Copy of State permit or vehicle(s) description including:
  - a. # of axles and axle weights
  - b. Weight of vehicle(s) and load(s)
  - c. Length, width and height of vehicle(s) and/or load(s)
  - d. License plate # of vehicle(s)
4. Name of escort service if applicable
5. ~~\$10 application fee~~
6. Bond if required by the City

Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_

Comments: \_\_\_\_\_



36 S. High St. CW, OH 43110  
Off 614-834-5109  
Fax 614-829-7734