SPECIAL MOTOR VEHICLE PERMIT
ISSUED BY FRANKLIN COUNTY

Permit No._____

Date_____

Permission is hereby granted to _____ of _____ to operate the vehicle or vehicles herewith described on county roads.

Transporting _____ on (dates) _____ ☐1 or ☐30 or ☐ 365 day(s) trip from _____ to _____

via county roads _____

_____

_____ Axle Truck _____ Axle Trailer

License Plate No. _____ License Plate No. _____

Tires. x Pound. = 0

Permitted Gross								
Axle Weight								

Width _____ Feet _____ Inches

Height _____ Feet _____ Inches

Length _____ Feet _____ Inches

Other _____

Total Gross Load _____

Total License Cap. 0 _____ lbs Max. Weight

Excess Weight _____

REQUIREMENTS – CONDITIONS

☐1. Maximum speed on bridges _____ mph
☐2. Allow no other vehicles on bridges
☐3. Travel centerline of roadway on bridges
☐4. Do not cross any posted bridges
☐5. Flagpersons required
☐6. Red flags displayed on load
☐7. Pilot car ahead and in read ☐Flashing lights req'd
☐8. Oversize load signs required
☐9. Maximum speed _____, _____ as posted
☐10. No movement during adverse weather
☐11. No movement after sunset on Monday, Tuesday, Wednesday, Thursday, and Saturday
☐12. No movement after 3:00 pm Friday
☐13. No movement after 12:00 noon Sunday
☐14. No movement the day of and the afternoon preceding these holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Day
☐15. Other

I, the undersigned applicant and operator, certify that the information shown herewith is known by me and is true and correct. It is agreed to follow all the requirements and conditions of this permit and understand that this permit is subject to cancellation without refund if violated.

(Signatures – not valid unless signed by applicant or operator)

x _____

Signature of authorized Franklin County Employee or agent validates this permit and acknowledges receipt of fee.

Fee: $ _____

x _____

PERMIT MUST BE CARRIED ON VEHICLE DESCRIBED