

**MONTMORENCY
COUNTY ROAD COMMISSION
SINGLE MOVE PERMIT**

Permit Nbr _____

Date Issued: _____

\$ 25 per Round Trip up to 5 days
\$ 50 Multiple Trips up to 5 days

Expiration Date: _____

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 Rules and Regulations on reverse or attached will void the permit.

Power Unit _____ Make/Model/Year _____ Unit Nbr _____ License _____

Overall Width _____ Overall Height _____ Overall Length _____ Vehicle Width _____

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

Route is as follows: _____

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

MONTMORENCY _____ COUNTY ROAD COMMISSION Approved by: _____

11445 M-32
Atlanta, MI 49709

Phone: (989) 785-3334
Fax: (989) 785-2218