

APPLICATION FOR EXCESS SIZE/WEIGHT PERMIT

DOUGLAS COUNTY, KANSAS

INSTRUCTIONS	
<p>GENERAL:</p> <p>Review of application shall only be performed when this form is accompanied by base application fee (Section IX) and submitted to the Douglas County Public Works Office not less than three (3) working days prior to the date of move.</p> <p>A permit will not be issued until Douglas County Public Works receives proof of insurance, a Credit Card authorization form or certified check for \$1000, and the full application fee. Douglas County can use Credit Card for any fees. (all \$1000 deposit checks are returned)</p> <p>Application and additional information may be submitted by mail or fax to the address or number furnished at the end of this application.</p>	<p>SPECIFIC:</p> <p>Item III.F – Describe entire route to be traveled in Douglas County. List name of each highway, route, road, or street.</p> <p>Item IV.B.1(a),(b),(c),(d), and (e) – Complete information for each type of vehicle involved.</p> <p>Item IV.B.1(e) – Note any units other than standard highway vehicles.</p> <p>Item V.A. – Indicate number of axles by circling appropriate number.</p> <p>Item V.B. – Indicate each axle width from outside to outside.</p> <p>Item V.C. – Indicate # of wheels on each axle.</p> <p>Item VII – For clarification or explanation of any item in this application or additional information relating to proposed move.</p>

I. APPLICANT APPLICANT EMAIL: _____

A. APPLICANT NAME: _____ TITLE: _____

B. COMPANY NAME: _____

C. COMPANY ADDRESS: _____

Street/P.O. Box

City

State

Zip Code

D. COMPANY TELEPHONE NO.: () _____ - _____

E. FAX NO.: () _____ - _____

F. EMERGENCY TELEPHONE NO. () _____ - _____

G. VEHICLE OWNER: _____ TELE. NO.: () _____ - _____

H. LOAD OWNER: _____ TELE. NO.: () _____ - _____

I. DRIVER: _____ MOBILE TELE. NO.: () _____ - _____

II. PROPOSED DATE AND TIME OF MOVE IN DOUGLAS COUNTY

A. DATE OF MOVE: ____/____/____

B. APPROX. START TIME: ____:____ AM or PM

C. APPROX. END TIME: ____:____ AM or PM

III. MOVE ROUTE

A. POINT OF ORIGIN: _____

B. DESTINATION: _____

C. START LOCATION IN DOUGLAS COUNTY (county line, address, etc.): _____

D. END LOCATION IN DOUGLAS COUNTY (county line, address, etc.): _____

E. DRAW MOVE ROUTE ON ATTACHED DOUGLAS COUNTY MAP.

F. DESCRIPTION OF ROUTE IN DOUGLAS COUNTY:

ROAD NAME (US, State, County, Twp., City, Etc.)	HEADING	DISTANCE (mi.)
(Attach additional sheets if needed.)		

IV. VEHICLE AND LOAD

A. DESCRIPTION OF LOAD: _____

B. VEHICLE AND LOAD SPECIFICATIONS (as applicable):

DESCRIPTION	Y E A R	MAKE	HEIGHT	WIDTH	LENGTH	WEIGHT
1. VEHICLE						
(a) TRUCK						(empty)
(b) TRUCK-TRACTOR						(empty)
(c) TRAILER						(empty)
(d) SEMI-TRAILER						(empty)
(e) OTHER (specify)						(empty)
2. LOAD						
3. OVERALL (vehicle & load)						(gross)

V. AXLE LAYOUT SPECIFICATIONS:

A. AXLE # (front to back)	1	2	3	4	5	6	7	8	9	10	11
B. AXLE WIDTH											
C. # OF TIRES											
D. AVERAGE TIRE WIDTH											
E. AXLE LOAD (LOADED)											
F. AXLE SPACING	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	

VI. INSURANCE INFORMATION

A. VEHICLE:

1. INSURANCE CO.: _____
2. POLICY NO.: _____
3. EXPIRATION DATE: ____/____/____
4. BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ _____
5. AGENT NAME: _____
6. AGENT TELEPHONE NO.: () _____ - _____

B. LOAD:

1. INSURANCE CO.: _____
2. POLICY NO.: _____
3. EXPIRATION DATE: ____/____/____
4. BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ _____
5. AGENT NAME: _____

VII. ADDITIONAL INFORMATION AND DEPOSIT REQUIRED

- A. COPY OF STATE PERMIT (required for all State/US highways and/or structures to be used in Douglas County)
- B. PROOF OF INSURANCE
- C. \$1,000 SECURITY DEPOSIT

VIII. REMARKS

IX. BASE APPLICATION FEE \$50.00

(make Certified Check Payable to Douglas County Public Works)

Note: An additional fee based on travel length on County and Township roads will be assessed at the rate of \$10.00 per mile.

X. SIGNATURE AND DATE

Applicant hereby agrees to abide by all applicable laws, rules, and regulations pertaining to the Douglas County excess size/weight road use policy.

APPLICANT SIGNATURE: _____

DATE: ____/____/____

SUBMIT APPLICATION BY EMAIL OR FAX: EMAIL TO: bayres@douglascountyks.org

Douglas County Public Works
Attn: Brad Ayres
3755 E. 25th Street
Lawrence, KS 66046

FAX TO: (785) 842-1201
Telephone No. (785) 832-5298

OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____/____/____

ESTIMATED PROFESSIONAL CONSULTATION FEE \$_____

ADDITIONAL FEE BASED ON TRAVEL LENGTH
____ MILES @ \$10.00/MILE = \$_____

DATE ADDITIONAL APPLICATION FEE RECEIVED: ____/____/____

DEPOSIT ON FILE? YES or NO

PERMIT APPROVAL DATE: ____/____/____ INITIALS: _____

PERMIT DENIAL DATE: ____/____/____ INITIALS: _____