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Form SHP-1
 PERMIT NO. _____
 FEE: \$ _____
 CREDIT BALANCE: \$ _____

Permission is hereby requested by _____
 _____ TEL _____
 (Address) E-Mail _____ FAX _____
 to transport the following equipment and load belonging to _____

 (Owner) (Address)

Make & Model	License No.	State	Weight Empty
Truck or Tractor			
Trailer			
Other Trailer (Jeep, Dolly)			
Other Trailer (Jeep, Dolly)			
Description of load (include Make/Model, etc.)			

TYPE PERMIT:

- Trip (5 day) One Way
- Trip and Return (5 day)
- Continuing (90 day)
- Annual (January 1 - December 31)
- Attached SHP-1L used to list additional equipment/loads
- Blanket (January 1 - December 31)
- Rickenbacker/Pickaway County

Net Load _____ Total Gross Weight _____
 All weights (axle & gross) are LEGAL in accordance with Section 5577.04 Ohio Revised Code. If checked, not required to complete axle load section of this application.

THIS PERMIT IS VALID:

Beginning _____
 Ending _____

AXLE SPACING Feet & Inches	Axle No.	AXLE LOADS	TIRES		From:
			No. Axle	Sizes	To:
A	1				
B	2				
C	3				Via Routes:
D	4				
E	5				
F	6				
G	7				
H	8				
I	9				
Total Gross Weight:	10				

Special provisions as listed below apply. Move only during daylight hours unless otherwise noted. Permittee is responsible to check the route for abnormal or changed and unknown conditions which exist during any move. Permission to travel State, City or Township roads must be obtained from the proper authorities.

I, _____ do hereby swear that I am the applicant or his/his/her legally authorized representative and that the statements made in the foregoing application are true and correct to the best of my knowledge.

Signature: _____
 Title: _____ Date: _____

Vehicle & Load	Load Only
Dimensions in Feet & Inches	
Length	Length
Height	Height
Width	Width

Approved Subject to the Following Provisions:

1. ___ Display clean red flags. (See manual for placement)
2. ___ One vehicle escort (minimum).
3. ___ Two vehicle escort (minimum).
4. ___ vehicle escort (minimum).
5. ___ Movement is restricted _____
6. ___ "OVERSIZE LOAD" signs to be attached to front & rear of vehicle & load.
7. ___ Vehicle not to exceed ___ m.p.h. at any time during the movement.
8. ___ All weights (axle & gross) must be legal per ORC 5577.04.
9. ___ Applicant must call prior to move to be sure of condition of roads.
10. _____
11. _____
12. _____

Approved By: _____ Date: _____
 Permit Agent for the Franklin County Board of Commissioners