



**WRIGHT COUNTY
DEPARTMENT OF HIGHWAYS**

Wright County Public Works Building
3600 Braddock Avenue NE
Buffalo, Minnesota 55313

**APPLICATION FOR TRANSPORTATION PERMIT
Oversize, Overweight, and Building Moving**

INDIVIDUAL MOVE NO. _____

**One-Half Mile North of CR 138
Telephone (763) 682-7383
FAX (763) 682-7313**

Single Permit Fee \$ 25.00

Overweight Fees: See Page 2

When a total of eight moves have been completed by a single company, a \$25 single permit fee will no longer be charged. Overweight fees will still be charged when applicable.

A

Name of Applicant	Address	Phone:
Owner of Towing Equipment	Address	Licensed Mover #
Insurance Company Covering Movement	Coverage	Policy No.

Has permit been issued for movement over:
 State Highways? Yes No Local Streets & Roads? Yes No If yes, attach copies.

IF STATE PERMIT IS ATTACHED, OMIT SECTION B

B

Type of Move:
 House Garage Farm Equipment

Overall Dimensions Including Towing Vehicle	Width	Length	Height
Vehicle or Towing Vehicle	Make	License No.	Licensed Weight
Truck <input type="checkbox"/> Truck-Tractor <input type="checkbox"/> Tractor <input type="checkbox"/> Auto <input type="checkbox"/>			
Towed Vehicle	Make	License No.	Licensed Weight
Semi <input type="checkbox"/> Trailer <input type="checkbox"/> Trailed Equipment <input type="checkbox"/> House Trailer <input type="checkbox"/>			
Front Dollies: Number	Single <input type="checkbox"/> Tandem <input type="checkbox"/>	Rear Dollies: Number	Single <input type="checkbox"/> Tandem <input type="checkbox"/>
Object or Material	Weight of Load ()	Total Weight Vehicle and Load ()	

C

Movement From:	Address	City or Township	County	State
Movement To:	Address	City or Township	County	State

Entire Proposed Route:

Movement Dates From:	To:	Movement Hours:
Have arrangements been made for altering overhead utilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has permit been issued for final location?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

D I (We) certify that the above information is correct. If granted this permit, I (We) agree to comply with the rules and regulations governing the movement of overside loads, overweight loads and buildings for the County of Wright. (Summary of requirements on back of form.)

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

E **Same as State Permit** **TRANSPORTATION PERMIT AUTHORIZATION** **NOT VALID UNLESS SIGNED**
Performance Requirement

PERMISSION FOR THIS MOVEMENT IS HEREBY GRANTED Subject to compliance with the provisions of all Minnesota Statutes and Public Safety Regulations and under the terms, conditions, and restrictions contained below and is subject to revocation upon non-compliance.

Overwidth Overheight Overlength Overweight Unequal Distribution of Weight No Brakes Towing Other

Special Requirement: Police Escort: Front Rear Flagman: Front Rear Pilot Car: Front Rear

Special Provisions: _____

Permit Fee Paid: Yes Check No. or Annual Fee Met: _____ Date: _____ **Remit to:** **Wright County Highway Dept. 3600 Braddock Avenue NE Buffalo, MN 55313**

No Moving Fee: _____ Overweight Charges: _____ Total Due: _____

F Faxed to Applicant

Authorized Signature Wright County Highway Department Date