

OVERWEIGHT/OVERSIZED LOAD PERMIT



CITY OF BLUE ASH
Public Works Department
Municipal & Safety Center
4343 Cooper Road • Blue Ash, OH 45242
Phone: (513) 745-8536 • Fax: (513) 745-8594
www.blueash.com

DATE _____ PERMIT FEE \$10.00 CASH OR CHECK NO. _____

CERTIFICATE OF LIABILITY INSURANCE SUBMITTED

FOR OFFICE USE ONLY
PERMIT NO. _____

PERMIT APPLICANT (Please Print) _____

PHONE _____ FAX _____ E-Mail _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VIA CITY OF BLUE ASH ROUTES: _____

DESTINATION ADDRESS: _____

DATE OF MOVEMENT: _____ TIME: _____ TO _____

| | MAKE AND MODEL | LICENSE NO. | STATE | WEIGHT EMPTY |
|------------------|----------------|-------------|-------|--------------|
| TRUCK OR TRACTOR | | | | |
| SEMI-TRAILER | | | | |
| OTHER TRAILER | | | | |

| | | | |
|---------------------------|--|---------------------|--|
| DESCRIPTION OF LOAD: | | NET LOAD: | |
| CRANE OR OTHER EQUIPMENT: | | TOTAL GROSS WEIGHT: | |

| AXLE SPACING | AXLE LOADS MAXIMUM | | TIRES | |
|--------------|--------------------|----------------------|-----------|-------|
| | NUMBER | GROSS AXLE LOAD LBS. | # ON AXLE | SIZES |
| A. | 1. | | | |
| B. | 2. | | | |
| C. | 3. | | | |
| D. | 4. | | | |
| E. | 5. | | | |
| F. | 6. | | | |
| G. | 7. | | | |
| H. | 8. | | | |
| I. | 9. | | | |
| J. | 10. | | | |

| DIMENSIONS | | |
|--------------------------------|--------|-------|
| VEHICLE & LOAD OVERALL FT./IN. | | |
| | | |
| LOAD ONLY | | |
| LENGTH | HEIGHT | WIDTH |
| | | |

BRIDGES OVER I-71 AND RONALD REAGAN HIGHWAY NEED A STATE APPROVED OVERWEIGHT PERMIT. THESE ARE LOCATED ON BLUE ASH, DEERFIELD, PLAINFIELD AND CORNELL ROADS.

RESTRICTIONS:

TOTAL GROSS WEIGHT: _____

PERMITEE HEREBY ASSUMES ALL RESPONSIBILITY FOR DAMAGES TO ROADS AND STRUCTURES WHILE MOVING SAID LOADS/EQUIPMENT. THE CONTRACTOR SHALL NOTIFY THE CITY PRIOR TO MOVEMENT IF THE ROUTE, DATE OR TIMES LISTED ABOVE ARE CHANGED.

PERMITEE IS RESPONSIBLE TO CHECK THE ROUTE FOR ABNORMAL, CHANGED OR UNKNOWN CONDITIONS WHICH MAY EXIST DURING ANY MOVE. PERMISSION TO TRAVEL STATE OR COUNTY ROADS MUST BE OBTAINED FROM PROPER AUTHORITIES.

MOVEMENT SHALL BE MADE DURING DAYLIGHT HOURS. NO MOVEMENT SHALL BE MADE ON SATURDAY, SUNDAY OR HOLIDAYS.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

PERMISSION IS HEREBY GRANTED PROVIDED APPLICANT COMPLIES WITH APPLICABLE OHIO R.C. 4511.01 AND BLUE ASH CODIFIED ORD. CHAPTER 339. NO MOVEMENT SHALL BE MADE CONTRARY TO THE PROVISIONS SET FORTH ABOVE. THIS PERMIT APPLIES ONLY TO ROADS UNDER THE JURISDICTION OF THE CITY OF BLUE ASH.

APPROVED BY _____ DATE _____