



VAN BUREN COUNTY ROAD COMMISSION
 325 W. JAMES STREET, P.O. BOX 156
 LAWRENCE, MICHIGAN 49064
 Telephone: (269) 674-8011 Fax: (269) 674-3770

APPLICATION FOR:
 SINGLE MOVE OVER WEIGHT LIMIT OVER SIZE LIMIT

APPLICANT

NAME: _____
 MAILING ADDRESS: _____
 Telephone No.: _____
 (Applicant's Signature) _____
 Title _____ Date _____

ATTACHMENTS REQUIRED

BOND (if required) _____
 Proof of Insurance (See "Additional Insured"):
 Yes: _____ No: _____
 P.I. \$ _____ P.D. \$ _____
 FEE: \$50.00

IMPORTANT: Your insurance policy MUST carry the following statement as an "Additional Insured":

"The Board of County Commissioners, The Board of County Road Commissioners, The Van Buren County Road Commission, and all their officers and employees, for claims arising out of, under, or by reason of operations covered by the permit issued to the permittee, as their interests may appear."

APPLICATION

Applicant hereby requests a Permit for the purpose indicated at the following location:

TOWNSHIP: _____ SECTION: _____ ROAD NAME: _____
 between _____ and _____ For a period beginning _____ And ending _____ And agrees to the terms of the permit shown of the reverse side of this form. INDICATE WHAT YOU PLAN TO MOVE (size, weight, etc): _____

SPECIFY VAN BUREN COUNTY ROAD BEING USED: _____

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Applicant.

Permit Issued by: _____

Date: _____

OFFICE USE ONLY

Date Permit Mailed: _____
 Date Permit Faxed: _____
 By: _____

_____ See attached "Additional Regulations" pertaining to the approval of this permit.