

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

**Yellow Medicine County Highway Department
Phone: 320-313-3000**

Name of Applicant	Address	Phone
		Fax #
Owner of Towing Equipment	Address	Owner of Load

Has a permit been issued for movement over:	State Highways? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach copies
	Local Street and Roads? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Type of Building House <input type="checkbox"/> Garage <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/>	Width	Length	Height
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Overall Dimensions of Towing Vehicle	Width	Length	Height
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Vehicle or Towing Vehicle Truck <input type="checkbox"/> Truck-Tractor <input type="checkbox"/> Tractor <input type="checkbox"/> Auto <input type="checkbox"/>	Make	License No.	Licensed Weight
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Towed Vehicle Semi <input type="checkbox"/> Trailer <input type="checkbox"/> Trailed Equip. <input type="checkbox"/> House Trailer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____	Make	License No.	Licensed Weight
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Front Dollies: Number _____ Single <input type="checkbox"/> Tandem <input type="checkbox"/>	Rear Dollies: Number _____ Single <input type="checkbox"/> Tandem <input type="checkbox"/>
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Object or Material	Weight of Load
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Movement From:	Address	Municipality or Township	County	State
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Movement To::	Address	Municipality or Township	County	State
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Entire Proposed Route (include map, if possible):

Movement Dates From: _____ To: _____	Movement Hours: _____
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Have arrangements been made for altering overhead utilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a Permit been issued for final location? Yes <input type="checkbox"/> No <input type="checkbox"/>
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PERMITTEE MUST COMPLY WITH ALL SPECIAL PROVISIONS NOTED

This permit must be carried in the vehicle and must be available for inspection by law enforcement or department officials.

In accepting this permit, the permittee agrees that all dimensions and weights shown are correct and that he accepts all responsibility and liability for any personal injury or property damage caused by the movement for any and all reasons, including due to routing error, act, or omission by the County of Yellow Medicine, its departments or its employees.
THIS PERMIT IS NOT VALID UNLESS SIGNED BY THE PERMITTEE.

Date _____ Permittee Signature _____

**TRANSPORTATION PERMIT AUTHORIZATION
Performance Requirement
(Not Valid Unless Signed)**

PERMISSION FOR THIS MOVEMENT IS HEREBY GRANTED subject to compliance with the provisions of the Minnesota Highway Traffic Act and under the terms, conditions, and restrictions contained below and is subject to revocation upon non-compliance. Check below the Legal Limitations Exceeded:

Overwidth Overheight Overlength Overweight Unequal Distribution of Weight No Brakes Towing Other _____ Special Requirements: Police

Escort Front Rear Flagman Front Rear Pilot Car Front Rear

Special Provisions: _____

Copies: Applicant APPROVED _____ Date

County Engineer

Other (Specify) _____ _____

Authorized Signature of Yellow Medicine County Engineer