

ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS
8053 US ROUTE 9
ELIZABETHTOWN, NY 12932
(518) 873-6326

APPLICATION FOR SPECIAL HAULING PERMIT TO MOVE OVER ESSEX COUNTY
HIGHWAYS A VEHICLE OR A COMBINATION OF VEHICLES EXCEEDING THE
DIMENSIONS AND WEIGHT AS SPECIFIED IN SECTION 385 OF THE VEHICLE AND
TRAFFIC LAW

Application is hereby made by the undersigned _____

whose principal; place of business is at _____

to transport over Essex County Highways the following vehicles and loads:

Description of Moving Vehicle: _____

Unladen Weight of Vehicle: _____ License Plate No.: _____

Description and Weight of Load: _____

Gross Weight: _____ Overall Weight: _____

Overall Length: _____ Overall Width: _____

The movement is to be made over the highways designated as follows: _____

Desired Date of Travel: _____

It is understood that movements will be made only when weather and road conditions are favorable, that all posted roads and weak and posted bridges will be detoured and that any and all movements will be made in the manner provided by law and in accordance with conditions and regulations set forth herein. The applicant agrees in the acceptance of this permit to assume all responsibility and liability for damages to persons and/or property that may accrue during such movements of the vehicle or combination of vehicles through negligence of himself, his agents, or employees, or from any other cause, and to same the County of Essex harmless therefrom. Protective liability insurance required for this permit is covered by _____ Insurance Co., Policy No. _____, which expires on _____ 20 _____. Applicant certifies that Highway Use (Truck Mileage Tax) Plates, if required, have been issued on the above vehicle.

This permit shall be revocable by the issuing authority, at the discretion of said authority, without a hearing or the necessity of showing cause, either before or during the movement.

Dated at _____, this _____ day of _____ 20 _____

Signature of Applicant _____

By _____
(Title if signed by authorized representative)

PERMIT APPROVED:

Dated this _____ day of _____ 20 _____

Signature _____
(County Superintendent of Public Works)

INSTRUCTIONS OF APPLICANT:

Please sign duplicated copies of this permit application and return them to the Essex County Superintendent of Public Works, Elizabethtown, NY 12932. If approved, one copy will be signed by the Superintendent of Public Works and returned to you, along with the certificate of permit which should be carried in the vehicle concerned.