OVERSIZE/WEIGHT LOAD PERMIT APPLICATION

LANCASTER

Lancaster Department of Transportation
815 Lawrence St., Lancaster, Oh 43130
Phone: (740) 687-6668
Email: tdeitz@ci.lancaster.oh.us
Email: cmullett@ci.lancaster.oh.us

APPLICANT INFORMATION			
NAME:		**DATE:**	
ADDRESS:			
E-MAIL:		**TELEPHONE:**	

DESCRIPTION OF ROUTE		**DATE OF TRAVEL:**	
FROM:			
TO:			
ROUTING:			

OVERALL DIMENSIONS		TRANSPORT ITEM:	
LENGTH:			
HEIGHT:			
WIDTH:		**VEHICLE LIC. NO.:**	
GROSS WGT:		**TRAILER LIC. NO.:**	

AXLE NO.	WEIGHT	SPACING	NO. OF TIRES	TIRE SIZE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ATTACHMENTS:	ODOT Permit ☐ YES ☐ NO	ROUTE MAP:	OTHER:

I/We the undersigned do hereby state that the information provided herein and contained on any attachments hereto are true and accurate to the best of my/our knowledge. I/We agree to abide by all standards, regulations, ordinances and laws of the City of Lancaster and the State of Ohio, and further agree to abide by any and all conditions as set forth by the City. I/We understand that failure to comply with the above may result in the revocation of this permit. I/We accept full liability for my/our work and/or actions.

Applicant's Name _____ Applicant's Signature _____ Date _____

This permit is hereby approved for the request as herein submitted upon the conditions as set forth in the attachments to this permit.

LDOT Designee Signature _____ Date _____

cc: ☐ POLICE DEPT: 740-687-6682 ☐ TRANPORTATION: 740-687-6668 ☐ ENGINEERING 740-687-6614