

BLUE EARTH COUNTY HIGHWAY DEPARTMENT

MANKATO, MINNESOTA 56002  
 PHONE: (507) 304-4025 - FAX (507) 304-4049

APPLICATION FOR TRANSPORTATION PERMIT  
 Overwidth, Overlength, and Building Moving

AGRICULTURAL PRODUCTS PERMIT

OFFICE USE ONLY	
Permit No. _____	
Permit Type:	
Seasonal _____	
Monthly _____	
Single _____	
Permit Fee \$ _____	<u>    </u>

Name of Applicant	Address	Phone No: FAX No:
Owner of Towing Equipment	Address	Owner of Load
Insurance Company Covering Movement	Coverage	Policy No.
E-mail Address:		

Vehicle or Towing Vehicle Truck _____ Truck-Tractor _____ Tractor _____ Auto _____	Make	License No.	Licensed Wgt.
Towed Vehicle Semi _____ Trailer _____ Trailered Equip. _____ House Trailer _____	Make	License No.	Licensed Wgt.

Object or Material	Weight of Load
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Movement      Address      Municipality or Township      County      State

From:      Address      Municipality or Township      County      State

To:      3rd Avenue CR 5

Entire Proposed Route:      1500 feet South of US Highway 14

Movement Dates From      1/01/21      To      12/31/21	Movements Hours:
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PERMITTEE MUST COMPLY WITH ALL GENERAL CONDITIONS ON THE BACK AND SPECIAL PROVISIONS NUMBERED

THIS PERMIT MUST BE CARRIED IN THE VEHICLE AND MUST BE AVAILABLE FOR INSPECTION BY POLICE OR DEPARTMENT OFFICIAL.	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 Blue Earth, its department or its employees.  <b>THIS PERMIT IS NOT VALID UNLESS SIGNED BY THE PERMITTEE</b>  DATE _____ PERMITTEE SIGNATURE _____
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DO NOT WRITE BELOW THIS LINE

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 Legal Limitations Exceeded.

Overwidth \_\_\_\_\_ Overheight \_\_\_\_\_ Overlength \_\_\_\_\_ Overweight \_\_\_\_\_ Unequal Distribution of Weight \_\_\_\_\_ Equipment Towing \_\_\_\_\_ Other \_\_\_\_\_

Special Requirements:      Police Escort: Front \_\_\_\_\_ Rear \_\_\_\_\_      Flagmen: Front \_\_\_\_\_ Rear \_\_\_\_\_      Pilot Car: Front \_\_\_\_\_ Rear \_\_\_\_\_

Special Provisions: \_\_\_\_\_

Deposit Required: No  Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_ Certified Check No. \_\_\_\_\_

Deposit Made By: Name \_\_\_\_\_ Address: \_\_\_\_\_

Copies:       Applicant      \_\_\_\_\_  
                   County Engineer      \_\_\_\_\_  
                  \_\_\_\_\_ Other (Specify) \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

Authorized Signature Blue Earth County Highway Department