County of Haliburton

13 St. Germaine Street P.O. Box 399 Minden, ON KOM 2KO T: 705-286-1762 F: 705-286-4881

ANNUAL Oversize/Overweight Trip Permit Application

1. Declaration I/we understand that under the province of a heavy vehicle, load, object or structure in permit is nevertheless responsible for all damages the of any such heavy vehicle load, object or structure.	n respect of which a permit is grante	ed under this section who has obtained a
The applicant certified that the information containe imposed by law on the applicant in relation to the opissued pursuant to this application.		
Signature of Authorized	Position/Title	Date
2. Applicant Information		
COMPANY/APPLICANT (per Articles of Incorporation	or Last Name, First Name)	
CVOR No. or N.S.C. No	Number of Permits Re	equired:
HEAD OFFICE ADDRESS - Street No. & Name or Lot, C		Province/State Postal Code/Zip Code
HEAD OFFICE ADDRESS - SHEET NO. & Nume 5. 25., 2	.011., TWP City, TOWIT, VINABLE	Province/state rostar code, 21p code
Company Tel. No. Company Fax No.	Company Contact N	ame Company E-mail Address
1	I	I
3. Purpose of Application		1
Renewal - Previous Permit No. (attach copy if applied	cable):	
New Replacement	Amendment	
If NEW parmit, indicate requested start data		
If NEW permit, indicate requested start date	YEAR M D	
4. Load Description Details		
LOAD DESCRIPTION (describe what is being moved)		
This is a request to carry tow operate (self propelled) a:		
Load Length (m) Load Width (m)	Load Height (m)	Rear overhang* (if exceeds 4.65m)
* Rear overhang is measured from the centre of the rearmost axle		
5. Insurance Info		
PROVIDER		
Minimum Coverage (\$2,000,000) requirement me	et? yes no yes no	
County named as an additional insured on policy (required)		
Proof of insurance (required) attached to applica	tion?	
7. Payment and Delivery Options		
Method of Payment: Cash Cheque	Method of Permit Delivery:	: Picked up E-mailed Faxed
Comments - County use only		