



APPLICATION FOR SPECIAL TRANSPORT PERMIT LOGAN COUNTY, COLORADO

Please check one: Single trip permit Annual permit

Business Name: _____ Contact Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Unit #: _____ Axles _____ Weight _____ Height _____

Length, any combination _____ Width _____

Shipment consists of: _____

Shipment will be moved over the following route(s) in Logan County:

Shipment will be moved on (date of single trip or start date for annual): _____

It is understood by the applicant that this permit when issued is valid only on those roads and highways under the jurisdiction of the Board of County Commissioners of Logan County, Colorado.

If the requested permit is granted, the undersigned agrees to the following:

1. To take every precaution to protect the highway and the traffic from damage or injury, using cars of flaggers to warn the traveling public on all blind curves, intersections, hills and other traffic hazards.
2. In case of over-width load, the same is to be placed on the vehicle with the overhangs as far to the right as possible, and in any event the material shall be loaded as to present the minimum hazard to traffic.
3. To be financially responsible and to make prompt payment for any damage to the traffic or to the roads, highways or bridges by the transportation of this load in excess of limitations prescribed by statute.
4. That the operator of the vehicle is fully licensed according to statute.
5. To operate the vehicle at all times in accordance with any and all provisions of law, except as exempt herein, with regard to motor vehicles and the operation thereof.
6. Except when a permit is requested and granted for over-weight, the undersigned applicant specifically states that this load is legal weight.

By signing below, you are agreeing to all of the above terms

Signature

Printed name

Date

Send completed application to: email – logrb@logancountyco.gov or fax – (970) 521-0968