



**APPLICATION FOR MOVING & HAULING PERMIT
CITY OF NEWPORT NEWS - PERMITS AND INSPECTIONS
2400 Washington Avenue Newport News, Va. 23607
757-926-8611 - FAX 757-926 8300**

By signature on this application and permit it is acknowledged and agreed that the provisions of the CITY's MOVING AND HAULING POLICY MANUAL are understood and accepted.

Date _____ Permit Number: _____

A Permit is hereby requested of the following type:

- General Blanket Single Trip Restricted Blanket Superload

Be advised that the City has 3-7 working days for review of all applications depending on the type of permit being requested (i.e. Single Trip, Super Load, General Blanket or Restricted). All fees in accordance with the City of Newport News Over-Dimensional Moving and Hauling Policy Manual are required before the issuance of any permit. (See Attached)

- Fleet Allowance _____ of _____ Attachments _____ pages.

Applicant Name _____

Address: _____ Lot# _____ Suite# _____ Street Name _____

City _____ State _____ Zip _____: Phone Number:() _____

Fax Number: () _____

Vehicle Routing (Required for Single Trip, Restricted Blanket, and Superload)

From (Origin): _____ To Destination): _____

Route of Travel: _____

To Be Moved: _____

Requested Move Date: _____ Trailer License: _____

- Certification Statement attached Map attached

Overall Vehicle/Load Size: (Required for All) VIN# _____

Height _____ (ft&in)Front Overhang _____ (ft&in)

Width _____ (ft&in)Rear Overhang _____ (ft&in)

Length _____ (ft&in) Wheel base center of front axle to center of rear axle: _____ (ft&in)

Gross Weight _____ (Lbs.) Number of Axles _____

Axle spacing and wheel loading estimates: (Required when loadings are expected to exceed those shown on the Chart of Section 6. Gross Weight divided by Number of Axles > 18,000 lbs.)

Wheel Loadings:

Single _____ (Lbs.) Tandem _____ (Lbs.) Tri _____ (Lbs.)

Quad _____ (Lbs.) Other Axle _____ (Lbs.) Other Axle _____ (Lbs.)

Other Axle _____ (Lbs.) Other Axle _____ (Lbs.) Other Axle _____ (Lbs.)

Vehicle Gross Weight/Vehicle Combination/Load: _____ (Lbs.)

Minimum number of axles on vehicle or vehicle combination: _____



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Axle spacing: (for loads over 115,000lb or any load over allowable axles weights).

1st to 2nd _____ (ft&in) 2nd to 3rd _____ (ft&in) 3rd to 4th _____ (ft&in)

4th to 5th _____ (ft&in) 5th to 6th _____ (ft&in) 6th to 7th _____ (ft&in)

7th to 8th _____ (ft&in) 8th to 9th _____ (ft&in) 9th to 10th _____ (ft&in)

Extra sheets attached (if required)

Building Moves

Building Permit # _____

Manufacturer: _____ Model#: _____

Additional information: _____

Escort Requirements

Front Escort Required

Rear Escort Required

Police Escort Required

Hot Pole Required

Approved Traffic control Plan

Flaggng\Lights Required

Signs

Company Information

Company/Contractor Name: _____

State Registration# _____ Class(A/B/C) _____

Address: _____ Phone # () _____

_____ Fax # () _____

Insurance Carrier: _____ Phone Number: () _____

24 hr Emergency Contact Number (Required) () _____

Address: _____

Insurance Expires: _____

Certificate of liability insurance protecting the City from any damage or liability resulting from the permitted move must be attached to this application and approved by the City Attorney.

Certificate Attached?

Insurance approved by City Attorney

Name (printed): _____ Title _____

Signature : _____

The applicant certifies that the above information is correct and fully understands the provisions and requirements of this permit and special conditions as outlined herein. The applicant also understands and agrees that he/she will be responsible for, must pay for, or otherwise indemnify the CITY OF NEWPORT NEWS for all damages caused to the roads, bridges, or any other structures or property owned by the CITY OF NEWPORT NEWS or others, which may be incurred as a result of this moving operation. It is further understood and agreed that the CITY in no way guarantees that the roads, bridges, or other structures are capable of carrying the load for which this permit is issued

This permit must be carried on the above-described vehicle and is subject to cancelations and penalties if any of its conditions are violated. All of the conditions and provisions of the CITY'S MOVING AND HAULING POLICY, hereby attach.

Signature: _____ Date: _____

Quick Reference

PERMIT TYPES	Duration	Length	Width	Height	Review time (typical)^	Weight (GVW)
Application Fee						
\$75.00 Single Trip Part 3 Section 8, Page17	72 Hours	150 feet	15 feet	15 feet	Three Days	<130,000#
\$200.00 General Blanket	One Year	85 feet*	12 feet*	14 feet	Five Days	<115,000#
\$50.00 Additional Vehicles ^{\$} Part 3 Section 9, Page 19	One Year	85 feet*	12 feet*	14 feet	Five Days	
\$200.00 Restricted Blanket Part 3 Section 10, Page 21	3 Months	150 feet	15 feet	15 feet	Seven Days^	115,000 - 130,000#
\$150.00 Super Load Part 3 Section 11, Page 22	24 Hours	>150 feet [#]	>15 feet [#]	>15 feet [#]	Seven Days^	>130,000#

*100 feet long and 14 feet wide for mobile homes

Minimum dimensions for which a Super Load Permit can be issued

\$ Additional vehicle permits may be issued on one application per the Section 9.D of the City's Moving and Hauling Policy Manual

^ "Typical" review times shown, additional time may be required depending on the complexity of the move or the number of vehicles or other factors known or unknown to the Permitting Authority.