

# APPLICATION FOR EXCESS SIZE/WEIGHT PERMIT

## DOUGLAS COUNTY, KANSAS

INSTRUCTIONS	
<p><b>GENERAL:</b></p> <p>Review of application shall only be performed when this form is accompanied by base application fee (Section IX) and submitted to the Douglas County Public Works Office not less than three (3) working days prior to the date of move.</p> <p>A permit will not be issued until Douglas County Public Works receives proof of insurance, a copy of the KDOT permit and a copy of the City of Lawrence permit (if required), a \$1,000 certified check deposit, and the full application fee.</p> <p>Application and additional information may be submitted by mail or fax to the address or number furnished at the end of this application.</p>	<p><b>SPECIFIC:</b></p> <p>Item III.F – Describe entire route to be traveled in Douglas County. List name of each highway, route, road, or street.</p> <p>Item IV.B.1(a),(b),(c),(d), and (e) – Complete information for each type of vehicle involved.</p> <p>Item IV.B.1(e) – Note any units other than standard highway vehicles.</p> <p>Item V.A. – Indicate number of axles by circling appropriate number.</p> <p>Item V.B. – Indicate each axle width from outside to outside.</p> <p>Item V.C. – Indicate # of wheels on each axle.</p> <p>Item VII – For clarification or explanation of any item in this application or additional information relating to proposed move.</p>

**I. APPLICANT**

A. APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

B. COMPANY NAME: \_\_\_\_\_

C. COMPANY ADDRESS: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_

City State Zip Code

D. COMPANY TELEPHONE NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

E. FAX NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

F. EMERGENCY TELEPHONE NO. (        ) \_\_\_\_\_ - \_\_\_\_\_

G. VEHICLE OWNER: \_\_\_\_\_ TELE. NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

H. LOAD OWNER: \_\_\_\_\_ TELE. NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

I. DRIVER: \_\_\_\_\_ MOBILE TELE. NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

**II. PROPOSED DATE AND TIME OF MOVE IN DOUGLAS COUNTY**

A. DATE OF MOVE: \_\_\_\_/\_\_\_\_/\_\_\_\_

B. APPROX. START TIME: \_\_\_\_:\_\_\_\_ AM or PM

C. APPROX. END TIME: \_\_\_\_:\_\_\_\_ AM or PM

**III. MOVE ROUTE**

A. POINT OF ORIGIN: \_\_\_\_\_

B. DESTINATION: \_\_\_\_\_

C. START LOCATION IN DOUGLAS COUNTY (county line, address, etc.): \_\_\_\_\_

D. END LOCATION IN DOUGLAS COUNTY (county line, address, etc.): \_\_\_\_\_

E. DRAW MOVE ROUTE ON ATTACHED DOUGLAS COUNTY MAP.

F. DESCRIPTION OF ROUTE IN DOUGLAS COUNTY:

ROAD NAME (US, State, County, Twp., City, Etc.)	HEADING	DISTANCE (mi.)
<small>(Attach additional sheets if needed.)</small>		

IV. VEHICLE AND LOAD

A. DESCRIPTION OF LOAD: \_\_\_\_\_

B. VEHICLE AND LOAD SPECIFICATIONS (as applicable):

DESCRIPTION	Y E A R	MAKE	HEIGHT	WIDTH	LENGTH	WEIGHT
1. VEHICLE						
(a) TRUCK						(empty)
(b) TRUCK-TRACTOR						(empty)
(c) TRAILER						(empty)
(d) SEMI-TRAILER						(empty)
(e) OTHER (specify)						(empty)
2. LOAD						
3. OVERALL (vehicle & load)						(gross)

V. AXLE LAYOUT SPECIFICATIONS:

A. AXLE # (front to back)	1	2	3	4	5	6	7	8	9	10	11
B. AXLE WIDTH											
C. # OF TIRES											
D. AVERAGE TIRE WIDTH											
E. AXLE LOAD (LOADED)											
F. AXLE SPACING	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	10-11		

VI. INSURANCE INFORMATION

A. VEHICLE:

- INSURANCE CO.: \_\_\_\_\_
- POLICY NO.: \_\_\_\_\_
- EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
- BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ \_\_\_\_\_
- AGENT NAME: \_\_\_\_\_
- AGENT TELEPHONE NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

B. LOAD:

- INSURANCE CO.: \_\_\_\_\_
- POLICY NO.: \_\_\_\_\_
- EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
- BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ \_\_\_\_\_
- AGENT NAME: \_\_\_\_\_

VII. ADDITIONAL INFORMATION AND DEPOSIT REQUIRED

- COPY OF STATE PERMIT (required for all State/US highways and/or structures to be used in Douglas County)
- PROOF OF INSURANCE
- \$1,000 SECURITY DEPOSIT

VIII. REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IX. BASE APPLICATION FEE \$50.00

(make Certified Check Payable to Douglas County Public Works)

**Note: An additional fee based on travel length on County and Township roads will be assessed at the rate of \$10.00 per mile.**

X. SIGNATURE AND DATE

**Applicant hereby agrees to abide by all applicable laws, rules, and regulations pertaining to the Douglas County excess size/weight road use policy.**

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUBMIT APPLICATION BY MAIL OR FAX TO:

Douglas County Public Works  
Attn: Move Permit  
1242 Massachusetts St.  
Lawrence, KS 66044-3350

Fax No. (785) 841-0943

Telephone No. (785) 832-5293

OFFICE USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

ESTIMATED PROFESSIONAL CONSULTATION FEE \$ \_\_\_\_\_

ADDITIONAL FEE BASED ON TRAVEL LENGTH  
\_\_\_\_ MILES @ \$10.00/MILE = \$ \_\_\_\_\_

DATE ADDITIONAL APPLICATION FEE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPOSIT ON FILE? YES or NO

PERMIT APPROVAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIALS: \_\_\_\_\_

PERMIT DENIAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIALS: \_\_\_\_\_