

**CITY OF PORTSMOUTH
MOVING AND HAULING PERMIT APPLICATION**

**TRAFFIC ENGINEERING DEPARTMENT
801 CRAWFORD STREET - PORTSMOUTH, VA 23704
PH: (757) 393-8594 FAX: (757) 393-5087**

DATE: _____ **haulingpermits@portsmouthva.gov**

TYPE OF PERMIT REQUESTED: _____ BLANKET _____ SINGLE (one way) _____ SINGLE (with return trip)

CERTIFICATE OF INSURANCE in the amount of \$500,000 and a copy of state permit (pages 1 - 3 only) are required to accompany application. Blanket permits shall be for one particular vehicle only.

DATE OF MOVE: _____ PHONE #: _____

CO. NAME: _____ FAX#: _____

ADDRESS: _____ EMAIL: _____

CITY/STATE/ZIP _____

ITEM(S) TO BE MOVED: _____ TRAILER LICENSE # _____ LICENSE STATE: _____

TRIP ORIGIN: _____ DESTINATION: _____
(If applicable provide trip origin and/or destination street address)

PREFERRED ROUTE OF TRAVEL: _____

OVERALL SIZE REQUEST

HEIGHT _____ FT _____ IN WIDTH _____ FT _____ IN LENGTH _____ FT _____ IN

WEIGHT REQUEST

NUMBER OF AXLES ON VEHICLE OR VEHICLE COMBINATION: _____

VEHICLE GROSS WEIGHT/VEHICLE COMBINATION/LOAD _____ LBS.

SINGLE _____ LBS. TRI _____ LBS. OTHER AXLE _____ LBS.

TANDEM _____ LBS. QUAD _____ LBS. OTHER AXLE _____ LBS.

WHEEL BASE (MEASURE FRONT CENTER AXLE TO REAR CENTER AXLE) _____ FT.

The permittee, its agents, employees, officers and assigns assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the transportation of vehicles and loads under a permit. Furthermore, the permittee, its agents, employees, and officers hold the City of Portsmouth harmless from any and all claims, demands, actions, judgments, executions, damages or proceedings for any and all personal injury, and injuries to property real or personal, public or private, caused by or arising out of, directly or indirectly, from the transportation of the vehicle and/or load under a permit.

The applicant/driver is responsible for permit accuracy. All routes shall be verified by the applicant/driver as required. Applications that are considered incomplete or have missing information and inaccuracies are NOT guaranteed for processing in time for the requested move.

Printed Name: _____ Signature: _____
Permitting Company: _____

**Note: Single Trip Permit Applications shall be submitted a minimum of two (2) business days prior to move.
Blanket Permit Applications shall be submitted a minimum of five (5) business days prior to move.**