# CITY OF SAULT STE. MARIE, MICHIGAN
# ENGINEERING DEPARTMENT

325 Court Street
Sault Ste. Marie, Michigan 49783
(906) 635-5730
FAX (906) 635-5606


## ANNUAL TRANSPORT PERMIT APPLICATION

The Applicant shall be the owner or authorized agent for which this permit application is being filed. If the Applicant engages a Contractor for work performed under this permit, BOTH the Applicant and the Contractor must complete this application and BOTH parties assume responsibility for the provisions of the application and permit. By signing below, I (We) hereby agree to conform to all Municipal Regulations and Engineering Department Specifications pertaining to the proposed transport operation as herein described.

| | **APPLICANT** | **CONTRACTOR** |
|---|---|---|
| **NAME** | | |
| **ADDRESS** | | |
| | | |
| **TELEPHONE** | | |
| | Applicant's Signature | Contractor's Signature |
| | Print Date | Print Date |

**REQUIREMENTS**

- **PERMIT FEE:** $ **100.00**
- **HOURS OF OPERATION**: Monday through Sunday between the hours of 7:00 a.m. and 6:00 p.m. (If a permit for extended hours is approved, attach a copy to this permit application).
- **TRANSPORT SPEED**: Speed of vehicles shall be maintained at five (5) MPH below the posted speed limit or as specified below.
- **Road surfaces** shall be kept clean of dirt and debris at all times.
- **Applicant is hereby notified** that for operations to be conducted upon roadways other than city streets, contact shall be made with appropriate agencies such as the Chippewa County Road Commission and/or the Michigan Department of Transportation.
- Permit shall be in effect for the period Beginning _____ and Ending _____.
- Applicant may be required to submit an axle loading diagram prior to any transport activity.

Description of proposed activity: Transport of various equipment as required.

Specified Route: To be proposed to Engineer a **minimum of 48 hours** prior to each transport activity. Route shall be approved by Engineer prior to each transport activity.

Additional Requirements: This permit is not valid during the period of spring weight restrictions.

PERMIT AUTHORIZATION

Engineer's Signature: _____ Date: _____ Form Revision 10/02

cc: ☐ Applicant ☐ Treasurer ☐ City Clerk ☐ DPW Director ☐ City Police Chief