

Richland County
 Engineer's Office
 Mail Or Deliver To
 77 N. Mulberry Street
 Mansfield, OH 44902
 TEL (419) 774-5591

ATTENTION: ALL OHIO DEPARTMENT OF TRANSPORTATION PERMIT REQUIREMENTS (OHIO SPECIAL HAULING PERMITS, REGULATIONS AND POLICIES) AND SECTIONS OF THE OHIO REVISED CODE APPLICABLE TO STATE HIGHWAYS AND BRIDGES PERTAIN TO THIS PERMIT EXCEPT WHERE THESE REGULATIONS OR SECTIONS OF LAW ARE CLEARLY NOT APPLICABLE TO COUNTY OR TOWNSHIP USE.

Please Type or Print so it is Legible /
 All Dimensions Must be in Feet and Inches

Applicant Name - Owner / Lessee / Insured (of Vehicle)			Permit Number (include Rev. number)		
Address (Mailing)			Application Date		
City	State	Zip Code	Area Code/Telephone Number		
Person Requesting Permit		DOT Number			
All Weights Legal? <input type="checkbox"/> Yes	Various Trailers? <input type="checkbox"/> Yes	Conveyance: <input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input type="checkbox"/> Self-Propelled			

Vehicle Information	Make	No. Axles	License Number	State	Length	Empty Weight	Width	Height
Power Unit								
Trailer 1								
Trailer 2								
Trailer 3								

Load Information	Make (if applicable)	Model (if applicable)	Length	Width	Height	Weight
Load						
Load Description						

Overall Vehicle Dimensions				Front Overhang	Rear Overhang	Deck Height of Trailer	Minimum Underclearance	Max Trailer Width
Length	Width	Height	Weight					

Total Number of Axles =	COMPLETE ONLY IF OVERWEIGHT (Please use and RC-1W if more than 9 axles)								
	Axle 1 (Front)	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8	Axle 9
Load (Axle Weights)									
Number of Tires									
Tire Width									
Spacing Between Axles									

ROUTING INFORMATION

From (Location, Municipality, State)	To (Specific Location)
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VIA COUNTY AND/OR TOWNSHIP HIGHWAYS (BE SPECIFIC)

Comments:

Desired Effective Date:	Permit Transmittal: <input type="checkbox"/> FAX <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up FAX Number _____
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PERMIT: (check as applicable) <input type="checkbox"/> Revision	
SINGLE TRIP: <input type="checkbox"/> Trip <input type="checkbox"/> Round Trip	BLANKET: <input type="checkbox"/> Boat <input type="checkbox"/> Construction Equipment <input type="checkbox"/> Manufacturing Building <input type="checkbox"/> Marina
CONTINUING: <input type="checkbox"/> 90-Day <input type="checkbox"/> 90-Day & Return (N/A for Steel Coil) <input type="checkbox"/> 365-Day <input type="checkbox"/> 365-Day & Return (N/A for Steel Coil) <input type="checkbox"/> Number of Expected Trips during Life of Continuing or Blanket Permit	SUPERLOAD: <input type="checkbox"/> Trip <input type="checkbox"/> Round Trip

Fee \$ _____	Paid By: _____	Escrow Account
_____ Cash	_____ Check / Money Order	
Make checks payable to: RICHLAND COUNTY ENGINEER		

**RICHLAND COUNTY
ENGINEER'S OFFICE**

PERMIT NUMBER
(if applicable)

OH _____ Rev. _____

TO BE ATTACHED TO PERMIT FORM RC-1 WHEN NUMBER OF AXLES EXCEEDS NINE (9)

	Axle Spacings (Feet & Inches)	Axle Number	Axle Weights	No. of Tires per Axle	Tire Size
A		1			
B		2			
C		3			
D		4			
E		5			
F		6			
G		7			
H		8			
I		9			
J		10			
K		11			
L		12			
M		13			
N		14			
O		15			
P		16			
Q		17			
R		18			
S		19			
T		20			
U		21			
		22			

TOTAL GROSS WEIGHT