



OFFICE OF THE
COUNTY ENGINEER

This Permit in Accordance with
Chapters 4511, 4513 & 5577 ORC.

PERMIT FOR ROAD USE
BY AN OVERWEIGHT VEHICLE

Permit Application Date: _____
Permit Expiration Date: _____

Permission is hereby given to (Permittee)_____ to travel the
following Lake County Roadway(s) with an overweight vehicle described as follows:
_____,
which has a total weight of _____tons, and a maximum axle weight of _____ tons. The estimate trips
is _____ along the following route(s):

<u>ROAD NAME</u>	<u>CLASSIFICATION</u>	<u>FROM</u>	<u>TO</u>

Permittee shall keep the County of Lake, Ohio, harmless from all damages to any part of the County roads, bridges and culverts of Lake County and to the traveling public and shall agree to make any necessary repairs due to said road use or reimburse the Lake County Engineer within thirty (30) days for said repairs upon written notification and the expiration of said permit for said use.
A surety in the amount of \$_____ is required for compensation for any damage to the above listed roadway or appurtenances. Permittee shall provide two (2) working days notification of commencement of operation.
Permittee shall be responsible for any and all expenses incurred by Lake County Engineer personnel for administration and inspection with this permit when required outside the normal working hours of this office.
Permittee shall remain responsible for any and all expenses incurred by Lake County Engineer personnel for an aborted move if permittee fails to give this office 24 hours advance notification.
Permittee will be invoiced for all fees associated with this permit. Bond shall be released to permittee upon payment if all fees invoiced and completion of any improvements associated with the exercise of this permit
This permit does not cover state highways and village and township roads. Permission to use same MUST be obtained from the proper authorities.

COUNTY ENGINEER

All conditions as set forth above are accepted and full responsibility assumed by:

Bonding Company

Address

Phone No. _____

C:

Operator

By:

(Signature)

Title

Address

Phone No. _____

24 Hr.Name/Phone No. _____