

OVERSIZED VEHICLE PERMIT APPLICATION

When is this permit required?

- This permit is required to operate or move a vehicle or combination of vehicles of a size or weight of vehicle or load exceeding the maximum specified in R.C. §§ 5577.01 through 5577.09, or otherwise not in conformity with R.C. §§ 4513.01 through 4513.37, upon any highway or city street under its jurisdiction. This permit is not required when the movement is partly within and partly without the corporate limits of the municipality for the movement of a vehicle or combination of vehicles on any highway, which is a part of the state highway system.

What will be reviewed?

- The proposed route of travel will be evaluated with reference to the length, width and weight of the oversize vehicle to determine if safe passage is possible.
- The proposed route of travel will be evaluated with reference to the pavement load bearing capacities along the proposed route of the oversize vehicle to determine if intolerable damage will occur.

How do I obtain an Oversize Vehicle Permit?

- Upon submittal to the City of Piqua Engineering Department the oversize vehicle permit request will be logged in. The applicant will typically receive notification from this office within 5-7 business days regarding the status of this permit.
- To apply for an Oversize Vehicle Permit you must submit a completed permit application to:

City of Piqua Engineering Department
201 West Water Street
Piqua, Ohio 45356

Submittal Requirements

- ❑ The Oversize Vehicles Permit application included as part of this packet should be completed. The City of Piqua Engineering Department can provide assistance with street names and potential routes to the destination you desire to reach.
- ❑ A copy of the ODOT Permit must be included with application.



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GENERAL INFORMATION		TRACKING No: -	
Proposed Route:		Width:	Length:
		ODOT PERMIT #	
Destination:			
Vehicle Description:		Loaded Weight:	
		Height:	
Begin Date:	End Date:	License No:	
PERSON REQUESTING			
Name(s):			
Address:			
City:	State:	Zip:	
NAME OF BUSINESS/AGENT			
Business Name:			
Address:			
City:	State:	Zip:	
Name of contact person for questions regarding this permit:			
Phone:	Fax:	Email:	
SIGNATURE		Date:	
Applicant	Agent		
PLEASE PROVIDE COPY OF ODOT PERMIT WITH APPLICATION			
*** A fee may apply if the Police or Traffic Department is needed***			
***** OFFICE USE ONLY *****			
Reviewed By: _____		Date: _____	
Review Comments: _____			
Approved: _____		Date: _____	
City Engineer			

Copies to: ___ City Manager ___ Street Dept. ___ Police Dept.