



HALDIMAND COUNTY
OPERATIONS DIVISION
53 Thorburn St S, Cayuga ON N0A 1E0
(905) 318-5932 Ext 8601
operations@haldimandcounty.on.ca

RECEIPT#

MOVING AND OVERSIZED LOAD PERMIT

Date: _____

Single Trip Fee: \$ 126.00 (non-refundable)

Annual Fee: \$ 505.00

(G-321000-2290)

RMPER

RMPRA

Deposit Fee: \$776.00 (refundable upon final inspection approval)

(G-950000-1410)

ROLD

Applications for Annual Permits are subject to individual submissions for each move. Although the permit is yearly the applicant will still be required to complete the information contained herein for all moves performed through out the term of this Permit.

Applicant Information: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____ Email: _____

Moving Date: _____

A MAP OUTLINING THE ROUTE, MUST BE SUPPLIED TO OPERATIONS DIVISION, PRIOR TO COMMENCEMENT UNDER THIS PERMIT.

Moving/ Oversized load to be moved: _____
(Description of oversized equipment: building, construction equipment, etc.)

Height _____ Width _____ Length _____ Weight _____

INSURANCE IN FORCE, MINIMUM COMMERCIAL GENERAL LIABILITY COVERAGE OF \$2 MILLION DOLLARS NAMING HALDIMAND COUNTY AS ADDITIONAL INSURED, CONTAINING A CROSS LIABILITY CLAUSE AND PROVIDING 30 DAYS NOTICE OF CANCELLATION. (Please attach a copy of the certificate)

THIS PERMIT IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. Moves shall be made during DAYLIGHT HOURS, except Weekends and holidays and except during the hours of 7:30 – 9:30 a.m. OR 4:30 – 6:30 p.m. when in urban areas.
2. **The Permit is subject to 48 hours notification to the Roads Operations Department prior to any move.**
3. Every precaution must be taken to safeguard other users of the highway. Escort vehicles shall be as required by the Ontario Provincial Police and the present holder or representative signing this Permit, guarantees to notify such Police Forces and all Pole Line Utility Companies 48 hours in advance.
4. The Contractor agrees to hold harmless the Corporation of Haldimand County for any damages which may result from the movement of this load or object and to indemnify the Corporation of Haldimand County for any damage caused to Haldimand County property.
5. This Permit is subject to half load restrictions when and where applicable in accordance with R.S.O. 1990 Chapter H-8, Part VII, of the Highway Traffic Act.
6. This Permit is **not valid** for passage over bridges on which signs are displayed indicating restricted road or gross weight limits.
7. Subject to Condition # 1, vehicles and loads having a width in excess of 2.6 meters and/or an overall combined length in excess of 15.3 meters must display in a conspicuous position to the front and rear clearly visible signs reading “CAUTION WIDE LOAD” or “CAUTION LONG LOAD” or both.
8. This Permit may be cancelled without prior notice and is automatically terminated if any of the above conditions have been violated.
9. A copy of this Permit **must** be carried by the Driver and is subject to the provisions of the Truck Transportation Act (as of 1989).
10. I, the undersigned, have read and understand, hereby agree to comply with the above mentioned regulations and conditions thereof. I also hereby agree and bind myself, my heirs, executors and administrators, to be responsible to Haldimand County for, and to indemnify and save harmless The Corporation of Haldimand County, its Mayor, Councillors, officers, directors, employees, agents, representatives, successors and assigns, from and against any and all claims, causes of action, demands, losses, costs, charges, fees, including legal fees, expenses, duties, dues, accounts, covenants, or other proceedings of every kind or nature whatsoever at law or in equity brought against, suffered by or imposed upon Haldimand County arising from the work to be completed pursuant to the issuance of the Oversized Load Permit, and to bear the cost of repairs to road surface or other necessary repairs, which may be necessary by reason of work done under this permit.

_____/_____/_____
Applicant Signature Date

_____/_____/_____
Haldimand County Date:

Final inspection completed on this the _____ day of _____ / _____, By _____
(Signature of Supervisor/ Foreperson)