



PUBLIC WORKS DEPARTMENT

P.O. Box 1001 - Courthouse
Prosser, WA 99350-1001

Area Code.....509
Prosser.....786-5611
Tri-Cities.....736-3084
Fax.....786-5627

THIS PERMIT MUST BE CARRIED WITH THE LOAD
SPECIAL OVERSIZE-LOAD MOVING PERMIT NUMBER :

Requested By : _____ Date : _____

Permission is hereby granted to : (Mover) _____

ADDRESS : _____ Phone : _____
Street City State Zip

Transporting : _____ of the _____ following:
(Equipment, Building, Etc.)
Single Wide Double Wide Triple Wide
From _____ Benton County F.A.S. # : _____ OR _____ NA/City
To : _____ Owned By: _____

Using the following County Roads : _____

Table with 3 columns: Is Load Overweight?, Is Bridge(s) on Route?, *If more than one truck is being used. Rows include Truck License Plate No., Additional License Plate No., and another Additional License Plate No.

This permit is valid for the period : _____

MOVING HOURS AUTHORIZATION IS FOR DAYLIGHT HOURS ONLY

This permit issued in accordance with R.C.W. 46.44.090 with the specific understanding that all applicable Washington State Laws, Administrative Codes, Regulations and Conditions, including those not listed hereon will be complied with. I the undersigned permittee or agent thereof, certify that the information shown hereon is known by me and is true and correct and understand that the permittee shall be liable as set forth in R.C.W. 46.44.110 for all damages to any public highway, road, street, bridge, or elevated structure, resulting from the movement of equipment authorized by this permit on the highways of Benton County. I also agree to follow all the requirements and conditions of this permit and will not remove or relocate any traffic control signs, bridge rails, delineator posts, culvert markers or other County property without prior arrangement with the Benton County Engineer for this work to be accomplished by Benton County personnel and understand that this permit is subject to cancellation if violated by myself or authorized employee. The permittee shall further hold blameless and harmless and indemnify the County, it's officers, agents and employees against any accident, liability, loss, injury, action, and the costs thereof arising from the conduct or operations of the permittee in association with this permit.

- 1. Mover requested that the permit be FAXED to the following number : _____
2. Copy mailed to address listed above
3. Required Signature of Permittee or Agent Thereof: _____

THIS PERMIT IS VOID IF THERE IS NO SIGNATURE OF PERMITTEE OR AGENT

ISSUED BY BENTON COUNTY ENGINEER:

BY : _____ TITLE : _____ Engineer Technician 2