

**BOARD OF COUNTY ROAD COMMISSIONERS
COUNTY OF LAKE**

ANNUAL MOVE PERMIT

1180 N. Michigan Ave.

Permit # _____

PO Box 790

Effective Date _____

Baldwin, MI 49304

Expiration Date _____

Ph: 231-745-4666 Fx: 231-745-6227

Receipt # _____

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Name of Road(s) being travelled _____

EQUIPMENT

Power Unit # _____ Make/Model/Year _____

VIN # _____ License # _____

Width _____ Height _____ Length _____ Weight _____

Comments: _____

Note: Road Commission must be notified in advance when moving in excess of 12 feet. OVERSIZED structures shall be allowed to move on County Roads between the hours of 7:00 am and 3:30 pm only. Monday thru Friday and not on Holidays or weekends. The permittee shall provide an escort before the oversized structure.

As Agrees to the Terms of this Permit.

Signature _____ **Date** _____

PERMIT FEE: _____ PROOF OF INSURANCE: _____

BOARD OF COUNTY ROAD COMMISSIONERS

Lake County, Michigan

BY: _____ TITLE: _____ DATE: _____