Deuel County Permit
Overweight Loads
Phone: 605-874-2751
ljdeuelhwy@itctel.com

OVERWEIGHT: ___ 80,000-100,000# ___ 100,000-150,000# __150,000#
___ 200,000# ___300,000# __400,000#
___over 500,000#

General Non-Frost OVERWEIGHT Vehicles Permit

All requests for permits must be accompanied by the SDDOT permit.

1. Machines to be moved:_____

Gross Weights:_____

Width: _____

Length: _____

Number of Axles:_____

2. Does the single axle or group axle weights exceed legal 9-ton roadways limits? (YES) (NO)
Does the single axle or group axle weights exceed legal 10-ton roadway limits? (YES) (NO)

3. Movement to be during daylight hours between the dates of _____and_____
4. Movements on County Highway system are permitted with the following stipulation that all posted bridges must be honored for the tonnage posted.

5. PUBLIC LIABILITY - PROPERTY DAMAGE
Amount of public liability and property damage insurance $_____**.** (Must exceed $300,000.00 for a single claim arising from single occurrence and $1,000,000.00 for multiple claims arising from single occurrence).

Insurance Company:_____

Name & Address of local agency: _____

(Please send copy of proof of Insurance)

If granted this permit (I) (We) do hereby agree to comply with the provisions of the permit to take all necessary and reasonable precautions to maintain the safety of this movement and to be responsible for all liability for the personal injury or property damage which may occur in connection with this movement; and in the event any claim is made against the Deuel County Highway Department, office, or employee thereof, through, by reason of, or in connection with any such act or omission, applicant shall indemnify and hold them and each of them harmless from such claims unless a specific exemption is given.

Applicant's Name: _____
(Permit Company or Truck Owner)

Applicant's Title: _____

Applicant's Signature: _____ Printed Name: _____

Billing Address: _____ _____
(PO Box or Street) (City) (State) (Zip Code)

Phone #: _____ Fax #: _____

Permission for this movement is hereby granted subject to compliance with the provisions of the South Dakota Highway Traffic Regulations and under the terms, condition, and restrictions contained on the attached sheet Ordinance 07-01 and is subject to revocation upon non-compliance.

DEUEL COUNTY HIGHWAY DEPARTMENT

BY _____
(County Employee) (Title)

DATE: _____

Permission for movement over roads other than County Highways must be obtained from the proper road authority. This permit does not exempt the permittee from other driving or highway laws.