

**LINCOLN COUNTY HIGHWAY DEPARTMENT**  
**OVER-DIMENSION PERMIT APPLICATION**

221 N Wallace Ave - PO Box 97 Ivanhoe, MN 56142/Phone 507-694-1464 – Fax 507-694-1101  
Permit application can be emailed to: highway@co.lincoln.mn.us

Vehicle Make / Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Object or material to be moved\*: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

\* If object is a building (not including manufactured homes, modular homes, farmers moving their own farm buildings, or moving building less than 16 feet wide by 20 feet long) provide Building Mover's License # \_\_\_\_\_ (See Mn Statute 221.81).

Total weight (lbs.) \_\_\_\_\_ Number of axles \_\_\_\_\_ Weight per axle (lbs.) \_\_\_\_\_

Movement of (please specify type of load being moved) \_\_\_\_\_

Movement from \_\_\_\_\_

Movement to \_\_\_\_\_

Entire proposed route: (show route on attached county map) Total number of miles \_\_\_\_\_

Movement to be during dates of \_\_\_\_\_ to \_\_\_\_\_

For office use only:

Permit #

**\*\*MUST NOTIFY HIGHWAY DEPARTMENT ON DAY OF MOVE, PRIOR TO MOVE AND COMPLETION OF, AT 507-694-1464\*\***

Estimated time required for movement on county highways \_\_\_\_\_ (hours)

How will traffic pass \_\_\_\_\_

How will traffic be protected \_\_\_\_\_

Have arrangements for altering overhead utilities been made (circle one)    Yes    No    N/A

Have permits been issued for movement over state highways (circle one)    Yes    No    N/A

**PUBLIC LIABILITY – PROPERTY DAMAGE**

Amount of Public Liability and Property Damage Insurance Carried (limit) \$ \_\_\_\_\_  
Company \_\_\_\_\_

If granted this permit I (We) do hereby agree to comply with 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 personal injury or property damage which may occur in connection with this movement; and in the event any claim is made against Lincoln County, officer, employee thereof, through, by reason of, or in connection with any such and or omission applicant shall indemnify and hold them and each of them harmless from such claim.

Further, if granted this permit I (We) do hereby agree to repair at my/our own expense, and to the satisfaction of the Lincoln County Highway Department any damage to highways or structures (bridges, signs, etc.). Work or repair may be done by the Lincoln County Highway Department forces at the option of the County Highway Engineer. Cost of such work is to be borne by the applicant.

PERMISSION FOR MOVEMENT OVER NON COUNTY ROADS MUST BE OBTAINED FROM PROPER ROAD AUTHORITY.

A FIVE (5) DAY PERIOD FOR MAKING AN INSPECTION TO DETERMINE ROUTE OF MOVEMENT SHOULD BE ALLOWED AND MAY BE REQUIRED.

Name of owner of load \_\_\_\_\_ Address \_\_\_\_\_

Name of moving contractor \_\_\_\_\_ Address \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Address \_\_\_\_\_

Fax Number/email \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*PERMIT NOT VALID UNLESS BEARING AUTHORIZED SIGNATURE OF COUNTY ENGINEER\*\***

Permission for this movement is Hereby Granted to \_\_\_\_\_

Dates of movement \_\_\_\_\_ am/pm Via \_\_\_\_\_

Date \_\_\_\_\_ Authorized by \_\_\_\_\_

County Highway Engineer

**\$50 (SINGLE TRIP)/\$100 (ANNUAL) PERMIT FEE PAYABLE TO: LINCOLN COUNTY TREASURER**

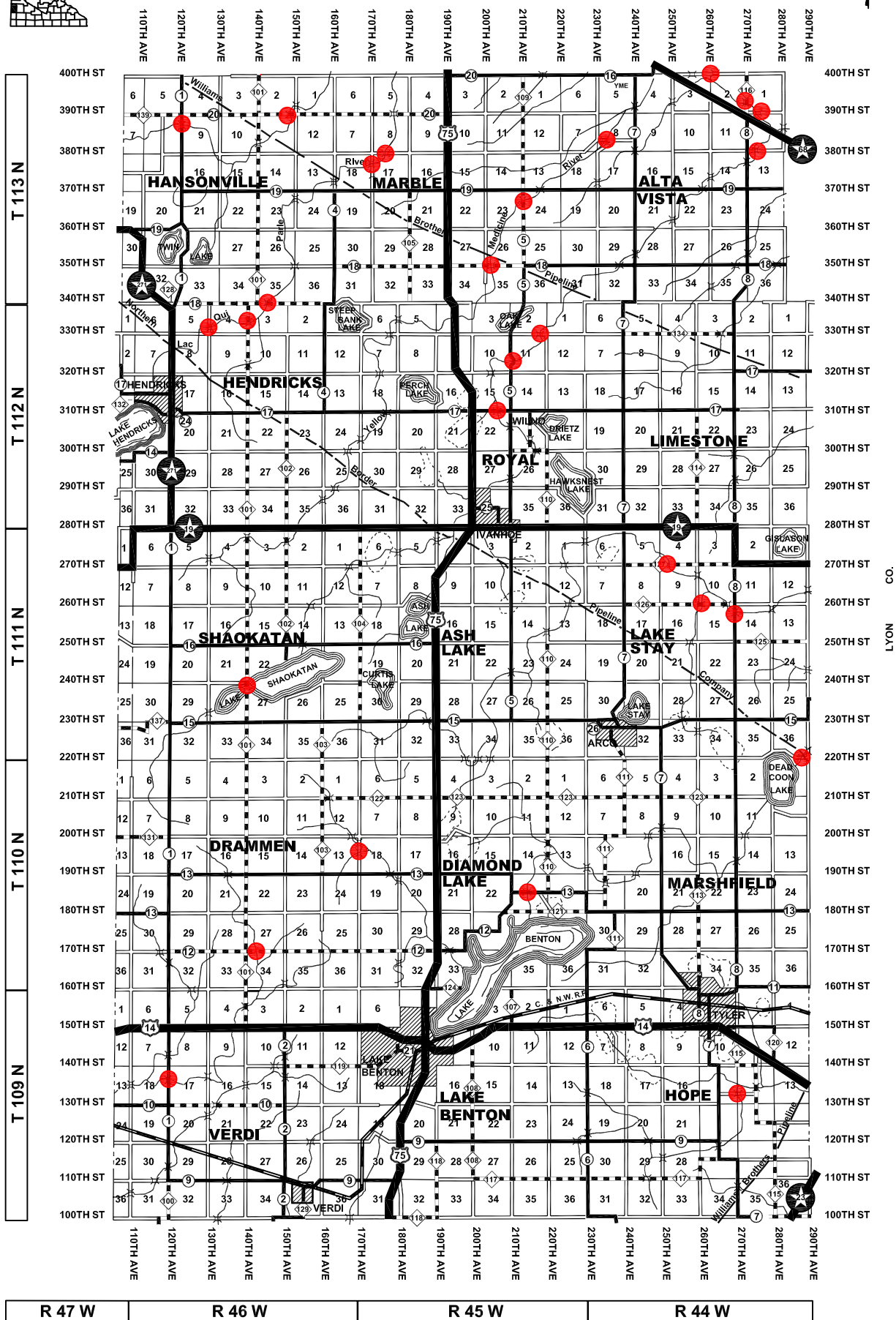
**04/10/17**



# LINCOLN COUNTY MN

## BRIDGES THAT REQUIRE ENGINEER STUDY TO CROSS WITH OVERWEIGHT LOADS (APPLICANT PAYS FOR THE ENGINEERING STUDY)

YELLOW MEDICINE CO.



STATE OF SOUTH DAKOTA

NO. 1 CO.

PIPESTONE CO.

MAY 2019 - DWH