



City of Detroit

DEPARTMENT OF PUBLIC WORKS - TRAFFIC ENGINEERING DIVISION

2633 Michigan Ave, Detroit, MI 48216

PHONE (313) 224-1610 - FAX (313) 224-1304

SECTION I (To be filled by applicant legibly and returned to Traffic Engineering Division)

Date: _____

Load Move Date: _____

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the Road Commission and attest that these loads do not exceed the weights and dimensions listed below.

APPLICANT: _____ ADDRESS: _____

CITY/STATE/ZIP CODE: _____ PHONE: _____

SIGNATURE: _____ TITLE: _____ E-MAIL: _____

It is understood that this Single Move Permit is being requested for vehicles with the following axle loading or overall dimensions and that exceeding these limits will void the permit.

Vehicle Make/Model/Year: _____ VIN Nbr: _____

Overall Width: _____ Overall Height: _____ Overall Length: _____

Axle Number	Axle Weight in Pounds Loaded Vehicle	Number of Tires, Tire Size, and Tire Width (in inches)	Axle Spacing in Feet and Inches	
1			1 to 2 Ft. In.	6 to 7 Ft. In.
2				
3			2 to 3 Ft. In.	7 to 8 Ft. In.
4				
5			3 to 4 Ft. In.	8 to 9 Ft. In.
6				
7			4 to 5 Ft. In.	9 to 10 Ft. In.
8				
9			5 to 6 Ft. In.	10 to 11 Ft. In.
10				
11			Total Number of Tires	Total Tire Width on Axle
Total				

Load Desc: _____

Starting at: _____

Going to: _____

Route: _____

SECTION II (Not to be filled by Applicant. For Traffic Engineering Division use only)

TED REVIEW NO. – OSR # _____

Load Move Date: _____ during 9:00AM - 3:00PM (excluding holidays and weekends).

Approved by: _____ Title: _____ Date: _____