

## McHenry County Application for Single Movement of Oversized or Overweight

Oversized - \$20  
Oversized & overlength

Overweight - \$\_\_\_\_\_

Owner of Moving Equipment: \_\_\_\_\_

Address/Billing: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Load: \_\_\_\_\_

Description of Moving Equipment: \_\_\_\_\_

Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_ Unit #: \_\_\_\_\_

License #: \_\_\_\_\_ Serial #: \_\_\_\_\_

GVW: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Axle configuration: \_\_\_\_\_

State Permit #: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Route: \_\_\_\_\_

Applicants must submit a copy of their proposed axle configuration, along with a copy of their ND Single Trip Permit (if applicable) and a copy of insurance coverage. If the state permit contains the axle configurations information, that will be sufficient. Any damage due to negligence on the part of the owner or operator will be the responsibility of the applicants to repair. The applicant also agrees to hold harmless McHenry County and its employees from any and all personal or property damages or liability in conjunction with the movement of this load. Applicant shall be billed and agree to pay the invoice within 30 days of its receipt.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit #

Remit application and applicable fees to: McHenry County Auditor  
407 Main St S Rm 201  
Towner, ND 58788  
Email: dcarpenter@nd.gov  
Phone: 701.537.5724  
Fax: 701.537.5969