

Special Motor Vehicle (Over-Legal) Moving Permit Checklist Yakima County Roads

Form # CR0014 C Revised 03/07/2019

Yakima County Roads

128 North Second Street · Fourth Floor Courthouse · Yakima, Washington 98901
(509) 574-2300 · (800) 572-7354 · FAX (509) 574-2301 · www.co.yakima.wa.us

	For Official Use	Only								
Date:	SMV No:		PRJ No:							
·	Applicant Informa	tion								
Transporter:	Applicant informe		Date of Move:							
Transporter Address:			Fax:							
·										
City: State: Owner/Applicant:		Zip:	Phone:							
Applicant Address:			Thone.							
			= 40							
City: State:	sed Manufactured Home	Zip: ☐ Equipment	Email: Military	Structure*						
*If <u>Structure</u> is selected above, complete			Military							
☐ House ☐ Garage ☐ Storage Bldg. ☐ Other										
Building Permit NoDate Issued: Manuf. Home Permit NoDate Issued:										
*If you are moving a <u>Structure</u> or a Manufactured Home you must have a Building Permit or Manufactured Home Permit <i>PRIOR</i> to being issued a Moving Permit.										
Please review the required items below. An unchecked box indicates missing information you are required to provide.										
YOUR PERMIT WILL NOT BE ISSUED UNTIL ALL THE APPLICABLE ITEMS HAVE BEEN SUBMITTED. PERMIT IS VALID FOR 3 DAYS FROM THE DATE OF ISSUE. A MINIMUM OF 24 HOURS IS NEEDED TO PROCESS YOUR REQUEST.										
FROM THE DATE OF ISS			ESS YOUR REQUEST.							
	Required Manufactured Ho		t information of transp	oorter						
Manufactured Home Permit (MHP).Property Tax Certificate for Mobile		Date of Transport	-	oorter.						
(<u>used</u> MH ONLY) Obtain from Trea	surer's Office.	Dimensions of Manufactured Home.								
Mobile Home Movement Decal (USD		Proposed route to be traveled - Must submit route to be								
will be on decal) <i>Obtain from Tre</i> Submit copy of Washington State D	traveled at least 24 hrs in advance for determination of safety and approval.									
Transportation Special Moving Vehi		surety and appro	· u							
Req	uired Equipment Submittals	- Over Dimensio	n							
Name and contact information of T	ransporter.	Dimensions of loa								
USDOT or WUTC Number from the	F	Type of equipment.								
Proposed route to be traveled - will need to be Utility releases for loads over 18' high.										
approved by Bridge Engineer. Submit copy of Washington State Dept. of										
Transportation Special Moving Vehi	cle Permit									
Date of Transport.										
Re	equired Equipment Submitt	als - Overweight								
Name and contact information of t	ransporter. [Dimensions of loa	ıd.							
USDOT or WUTC Number from the	<u>=</u>	Gross weight.								
Proposed route to be traveled - wil approved by Bridge Engineer.	Licensed weight.									
Submit copy of Washington State D	Type of equipment. Utility releases for loads over 18' high.									
Transportation Special Moving Vehi		_ centry receases in	or today over 10 mgm							
Date of Transport.										
	Required Structure Su									
Building Permit Number - Indicate	Temporary or		Number from the State	<u> </u>						
Permanent Location.	Ļ	Date of Transport								
Name and contact information of T	ransporter. L	Dimensions of load. Gross weight.								

Licensed weight.	Licensed weight.					Submit copy of Washington State Dept. of				
Proposed route to be traveled - Must submit route at				Transportation Special Moving Vehicle Permit						
least 24 hrs in advance for determination of safety and			ty and		Utility Releases for loads over 18' high. \$250 non-refundable fee for anything over 20' wide.					
approval.		Dogui	rod Mil				ove: 20 maev			
□ Name and centact	information of Tr		rea mil	itary Submittals	sony of WCDOT A	Loving Dormit				
	Name and contact information of Transporter.Date(s) of Transport.				Submit copy of WSDOT Moving Permit. Description (dimensions VIN #, DOT #, etc).					
Proposed route to					seion (dimensions	· · · · · · · · · · · · · · · · · · ·				
		Dow	مدانات	Dagwigamanta						
				Requirements	, ,	v 🗆 u				
Are you moving your				or Demolition purp	oses:	Yes ∐ No				
	Have you completed an Asbestos survey of the structure?				☐ Yes ☐ No					
Have you contacted Y	akima Clean Air A	uthority? (50)50	Yes No						
PLEASE	NOTE: THE FOL			ONS MAY BE REC	UIRED DURING	YOUR MOVI	E.			
		Con	ditions	/ Restrictions						
Maximum speed 15mp	•				Maximum speed: \square as posted. \square Limited to $___$.					
Allow no other vehicle cars on 4-lane bridges	Allow no other vehicles on bridges. Exception: passenger			Daylight h	-					
Travel centerline of roadway on bridges; on 4-lane bridges,			No moven weather.	No movement if vision is obscured by fog or inclement weather.						
use inside lane.			Assume re	Assume responsibility for overhead obstructions.						
Do not cross posted bridges.			No Saturd	No Saturday P.M., Sunday or Holiday movement.						
					No 7a.m.to 9a.m., 3p.m.to 6p.m. movement or as noted:					
	Red flags must be displayed on load. Pilot car ahead and in rear w/flashing lights on 2-lane				Subject to winter road restrictions.					
roads.	Treat writasining t	giits on z tai	ic .	-	Notification to Fire Department (Yakima Fire Dept 575.6060					
Notification					alley Fire Dept 82		1 11 C Dept 37 3.0000			
	Required for A	LL Moves:	Oversiz	e / Overweight	Vehicle Informa	tion				
Truck License:	Т	ruck Vin:			Trailer Lice	nse:				
Tractor/Trailer (connect	ted by 5th wheel)		Truck/T	railer (connected by	hitch)	Single Veh	icle			
Origin (Address)				Destination (Address	-1					
Origin (Address)				Describation (Address	»)		# of Miles			
City:	State:	Zip:		City:	State:	Zip:	" of Mices			
		·			•					
Power Unit # of Axles Tra	ailing Unit # of Axles	Gross Weigh	nt Le	egal Weight Cap	Reg/License Weig - WA	nt Axle Spac	ing Report #			
Width Height	Total Overal	l Length	Tra	iler/Load Length	Front Overhan	g Re	ar Overhang			
		ific) for all mo		ding single trips for	oversize/overweigl		s required			
Roads	Roads			Roads		Roads				
County Road Miles										
County Road Miles		red from cen	ter of a	de in feet and inch	es number of tire	es ner ayle g	ross ayle weights			
County Road Miles Overweight Only: Give a Not required if you have	xle spacing measu			de in feet and inch	es, number of tire	es per axle, g	ross axle weights.			
Overweight Only: Give a	xle spacing measu				es, number of tire	es per axle, gr	ross axle weights.			
Overweight Only: Give a	xle spacing measu				es, number of tire	es per axle, g	ross axle weights.			