



SPECIAL MOTOR VEHICLE PERMIT
CHELAN COUNTY PUBLIC WORKS DEPARTMENT
 316 Washington Street, Suite 402
 Wenatchee, WA 98801
509.667.6415 (office) 509.667.6250 (fax)
public.works@co.chelan.wa.us

Permit No. _____

Date Issued: _____

**Hand in completed form by 10 a.m.
 Monday thru Thursday PRIOR to
 the day you wish to travel.**

Permission is hereby granted to operate the vehicle or vehicles herewith described on county roads as indicated.

Name: _____		Address: _____	
Business Name: _____		Address: _____	
Telephone Number/s: _____		Fax: _____	
E-mail address: _____			
Vehicle License Number: _____	Color: _____	Tare Weight:	_____
	Tire Size: _____	Number of Tires:	_____
Trailer License Number: _____	Color: _____	Tare Weight:	_____
Product/load: _____	Tire Size: _____	Number of Tires:	_____
Total Gross Weight: _____		(Include vehicle, trailer and product weight)	
Destination by Name: _____			
Destination by Address: _____			
Specific Route by Named Road/s: _____			
Date/s for Permit: _____	Month _____	Day/s _____	Year _____
If permanent permit then list day/s of week: _____			

Read before signing:

This combined application/permit issued in accordance with R.C.W. 46.44.090 with the specific understanding that all applicable County Ordinances, Washington State Laws, administrative Codes, Regulation and Conditions, including those not listed herein will be complied with. I, the undersigned permittee or agent thereof, certify that the information shown hereon is known by me and is true and surest and understand the permittee shall be liable as set forth in R.C.W. 46.44.110 for all damages to any county highway, bridge or elevated structure, resulting from the movement of equipment authorized by this permit on public highways of this county. The permittee shall further hold blameless, harmless and indemnity the county, officers, agents and employees against any accident, liability, lose, injury, seller and the costs thereof arising from the conduct or operations of the permittee in connection with this permit. I further understand that prior to movement the permittee shall establish a routing to safely detour all structures having a limited clearance less than the permitted height. If permit is changed, I authorize billing to the firm named. *This permit is only valid for county roads within Chelan County. Additional permits required for operation on State and other local jurisdictional roadways.*

Signed: _____

Date: _____

SPECIAL PROVISIONS (OFFICE ONLY):

Stay off county-restricted road shoulders. Keep speed at 30 mph. Be off restricted county roads by ____ AM. In addition:

Approved: _____

Date: _____

PERMIT MUST BE CLEARLY DISPLAYED IN LOWER RIGHT-HAND CORNER OF THE VEHICLE WINDSHIELD