

ST. CLAIR COUNTY ROAD COMMISSION  
 SINGLE MOVE PERMIT  
 Fax Number: 810-966-2548  
 Email: [permits@stclaircounty.org](mailto:permits@stclaircounty.org)

Print Form

Submit by Email

- \$25 per Round Trip up to 5 business days
- \$50 Multiple Trips up to 5 business days

Permit Nbr: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_

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

Power Unit Number: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_ License: \_\_\_\_\_ VIN Nbr: \_\_\_\_\_

Overall Width \_\_\_\_\_ Overall Height \_\_\_\_\_ Overall Length \_\_\_\_\_ Vehicle Width \_\_\_\_\_

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

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

Route as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If the proposed move utilizes State highways or city streets, permission must be obtained from the State or local authorities*

Recommended for Issuance By: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_