

1512 7TH Street
P.O. Box 5127
Coralville, IA 52241



Engineering Department
Phone: 319. 248. 1720
Fax: 319. 248. 1894

OVERSIZE LOAD PERMIT

SEND TO: submittals@coralville.org

1. **NAME OF APPLICANT:** _____ Date: _____
Mover (if different than above): _____ Fax: _____
Address: _____ Phone: _____
Email Address: _____

2. **DESCRIPTION OF LOAD**
Present Location: _____
Present Use: _____
Proposed Location: _____

TYPE OF LOAD _____

DIMENSIONS

Loaded Height: _____ Loaded Width: _____ Loaded Length: _____ Gross Weight: _____

Unusual Features: _____

3. **ROUTE AND TIME OF MOVE**
Proposed Moving Date: _____ Time: from _____ to _____
Proposed Route: _____

Alternate Route: _____

4. **LIABILITY INSURANCE / BONDS**
Provide proof of liability insurance.
Bodily injury \$100,000/person; \$300,000/accident OR provide proof of bond in the amount of \$600,000.

By executing this permit application, the applicant certifies to the City that it has obtained all necessary permits that are required from agencies other than the City. Applicant also expressly agrees that any damage caused by the applicant pursuant to this permit shall be the sole responsibility of the Applicant. The Applicant shall save, defend and hold the City harmless from any and all claims filed against the City based upon the issuance of this Permit.

5. **SIGNATURES** _____
Applicant Engineering Department