

APPLICATION FOR OVER SIZED LOADS PERMITS

CITY OF AKRON PLANS & PERMITS
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OFFICE USE ONLY

PERMITS # _____

DATE: _____

OWNER OF LOAD: _____

OWNER ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

CONTRACTOR (COMPANY NAME): _____

CONTRACTOR ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL: _____

AUTHORIZED SIGNATURE: _____

NOTE: All permit requests are subject to plan review and plans must be submitted to Plans & Permits Center.
Permits may not be picked up the same day as permit request.

TYPE OF LOAD TO BE MOVED: _____

FROM: _____

TO: _____

PLANNED ROUTE: _____

DATE OF MOVE: _____

TIME OF MOVE: _____

HEIGHT (Overall): _____

LENGTH (Overall): _____

WIDTH (Overall): _____

WEIGHT (Overall): _____

NUMBER OF MILES: _____

AMOUNT CHARGE: _____

NOTE: ALL OVER SIZE LOAD REQUESTS MUST BE SUBMITTED A MINIMUM OF TWO (2) BUSINESS DAYS PRIOR TO THE MOVE.