

**SHIAWASSEE COUNTY ROAD COMMISSION
EMERGENCY WELL REPAIR SINGLE MOVE PERMIT**

**701 WEST CORUNNA AVE. P.O. BOX 96
CORUNNA, MICHIGAN 48817-0096
PHONE (989)743-2228 OR FAX (989)743-5008**

\$25.00 per round trip up to 5 business days

SCRC PERMIT NO. _____

HEALTH DEPT. PERMIT NO. _____

ISSUANCE DATE _____

EFFECTIVE DATE _____

EXPIRATION DATE _____

DATE OF MOVE _____

COMPANY NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

TYPE OF EQUIPMENT _____

TOTAL WEIGHT _____ NUMBER OF AXLES _____

MAXIMUM WEIGHT PER AXLE (HEAVIEST) _____

OVERALL WIDTH _____ OVERALL HEIGHT _____ OVERALL LENGTH _____

REQUESTED ROUTE _____

ADDITIONAL REMARKS _____

APPROVED _____ DENIED _____

BY _____ DATE APPROVED _____

VALID PERMIT MUST BE IN TRUCK PRIOR TO MOVE