

Permit Number _____

SHIAWASSEE COUNTY ROAD COMMISSION
701 WEST CORUNNA AVENUE P.O. BOX 96,
CORUNNA, MICHIGAN 48817-0096 PHONE (989) 743-2228 OR FAX (989) 743-5008

AGRICULTURAL COMMODITY SINGLE MOVING PERMIT

Applicant: _____ Address _____

Farm Name and Address _____

Phone Number _____ Fax Number _____ Time of Move _____ Date of Move _____

Contact Person _____ Type of Commodity _____

Route: From _____ To _____

Via: _____

Approval of The Board of County Road Commissioners of Shiawassee County for the requested route on this application constitutes a Permit in Compliance with Sec. 722, P.A. 300 of 1949, as amended, under the following conditions and restrictions:

1. Minimum of 48 hours advance notice required.
2. **Permit must be carried in the vehicle.**
3. Speed limit not to exceed 35 m.p.h.
4. This single move permit allows this vehicle to transport agricultural commodities at or below normal maximum loading.
5. Any of the following shall immediately void the permit and subject the applicant to appropriate legal action: (a) Misrepresentation of information set forth on the application for permit; (b) Noncompliance with the conditions, restrictions, or provisions on which a permit is issued; (c) A change or erasure on a permit.
6. The permit applicant shall be responsible for damage to the highway, to persons and to property caused by or arising from operations covered by this permit. The permit tee shall indemnify and save harmless the Road Commission and all of their employees from any and all suits, claims and damages of every kind arising out of, under or by reason of this permit, or from operations covered by this permit.

Please allow this permit to also serve as your invoice for the \$30.00 permit fee.

Approved By _____ Date _____
Signature of Applicant