



Broome County Public Works  
**HIGHWAY DIVISION**  
 47 Thomas Street / Binghamton New York 13901 / (607) 648-4173 / FAX (607) 648-7053

DEBRA A PRESTON  
 Broome County Executive

PATRICK K. LATTING  
 Deputy Commissioner

**APPLICATION FOR SPECIAL HAULING PERMIT**

**THIS PERMIT VALID ONLY IF CARRIED ON VEHICLE**

YEAR: 2015

FEE: \$150.00

SHP# \_\_\_\_\_

DATE PAID \_\_\_\_\_

APPLICATION FOR SPECIAL HAULING PERMIT to move over County Highways a vehicle or combination of vehicles exceeding the dimensions and weight as specified in Section 385 of the Vehicle and Traffic Law.

Application is hereby made by the undersigned at:

\_\_\_\_\_

The movement to be made over routes described as follows

1. FROM \_\_\_\_\_ TO \_\_\_\_\_ ROUTES \_\_\_\_\_
2. FROM \_\_\_\_\_ TO \_\_\_\_\_ ROUTES \_\_\_\_\_
3. FROM \_\_\_\_\_ TO \_\_\_\_\_ ROUTES \_\_\_\_\_

Desired dates of travel: \_\_\_\_\_

A New York State Special Hauling or Divisible Load Permit must be submitted with application for this fee. All vehicles must comply with restriction on NYS Permits when traveling on county roads. All permits shall expire upon completion of the permitted use as described herein or one year from the date approved, whichever is of least duration.

It is understood that no movements will be made on Saturday, Sundays or holidays, and that all movements will be limited to 7:00am to 4:00pm, when weather and road conditions are favorable, in which all weak and posted bridges will be detoured. It is further agreed that any and all movements will be made in a manner provided by law, and in accordance with the conditions and regulations as hereinafter set forth, all forming a part hereof in which the applicant agrees in acceptance of this permit to assume all responsibility and liability for damages to persons and/or property that may accrue during such movements through the negligence of himself, his agents or employees, or from any other cause and to have the County of Broome harmless therefrom.

Certificate of insurance required on this permit covered by Policy No. \_\_\_\_\_

\_\_\_\_\_ Which expires \_\_\_\_\_

BY: \_\_\_\_\_

APPROVED \_\_\_\_\_

BY: DIRECTOR OF HIGHWAYS OR AUTHORIZED REPRESENTATIVE

DATE: \_\_\_\_\_

Make checks payable to: Broome County Director of OMB