



Donegal Township

34 N Liberty Street, PO Box 310, West Alexander, PA 15376

Telephone: 724-484-4017 Fax: 724-484-4029

donegalasst@gmail.com

DONEGAL TOWNSHIP APPLICATION FOR HEAVY HAULING

When applying for a road permit in Donegal Township, the applicant must comply with the following:

After receiving the completed permit application(s) Donegal Township will inspect and video the condition of the road prior to issuance of permit(s). A written report will be provided to the applicant if requested and the township before road is utilized.

PERMIT IS GOOD FOR ONE (1) YEAR FROM ISSUE DATE

The following must be included with permit application

Road Name(s): _____

Company Name: _____ Date: _____

Main Contact Person: _____ Phone: _____

Email: _____ Fax _____

Date work will begin: _____ Estimated Date of Completion: _____

Vehicle Hauling: _____ (Truck, Trailer, Semi-trailer or Combo)

Being a distance of approximately _____ miles, over township route(s) above stated based on the following facts:

Weight of Load _____ lb.;

Weight of Truck _____ lb.;

Weight of Tractor _____ lb.;

Weight of Trailer _____ lb.;

Weight of Semi-Trailer _____ lb.;

Combined Weight of Vehicles and Load _____ lb.

Width of empty trailer or semi-trailer _____ Inches Length of (semi) trailer _____ Feet _____ Inches

Maximum over-all dimensions; Length _____ Feet ; Height _____ Inches; Width _____ inches.

CHECKLIST

- _____ Completed Heavy Hauling Agreement
- _____ Application Fee(s) Heavy Hauling (\$250)
- _____ Certificate of Liability Insurance
- _____ Surety Bond in the amount of \$12,500.00 per mile
- _____ Check for Heavy Hauling fee account (\$3000)

(To be entered into an account); funds will be used for engineering fees, video inspection fees, local equipment fees and administrative fees. Remaining monies will be returned to applicant after project is completed and any necessary repairs have been made.

_____ List of all contractors under this Heavy Hauling Agreement (attached page)

PLEASE PAY APPLICATION FEES AND HEAVY HAULING ACCOUNT FEES WITH SEPARATE CHECKS.

CONTRACTOR/SUBCONTRACTOR LIST

1. Company: _____

Address: _____

Contact person: _____ Phone: _____

Email: _____

2. Company: _____

Address: _____

Contact person: _____ Phone: _____

Email: _____

3. Company: _____

Address: _____

Contact person: _____ Phone: _____

Email: _____