



**COUNTY OF BERGEN
DEPARTMENT OF PUBLIC WORKS
OPERATIONS DIVISION**

220 E. RIDGEWOOD AVENUE, PARAMUS, NEW JERSEY 07652
201-336-7678 • 201-336-7683
SINGLE TRIP OS/OW PERMIT

(Applicant - Please print)

Name of Applicant: _____ **Date:** _____

Applicant's Address: _____

Office #: _____ **Emergency 24-hour Phone #:** _____

Description: _____

Maximum Gross Load Weight (including hauling trailer): _____ **LBS.**

Maximum Height: _____ **Maximum Width:** _____

Move from: _____ **To:** _____

Please attach a detailed map of the route being used on the county road system.

Exact date and approximate time of the move: _____

- Applicant must attach a Certificate of Insurance.
- Applicant must contact the Bergen County Sheriff's Department before the transport to decide if a police escort is needed.
- Applicant has read the Bergen County Oversized/Overweight Permit Policy requirements and agrees to comply.
- Application fee of \$100.00 plus a \$450.00 engineering evaluation charge. Please allow up to 20 work days for approval. For some moves where it is required, the services of a Bergen County Engineer or Inspector to accompany the transport there will be a fixed charge of \$600.00 per employee.

By signing this application the Owner, Applicant, Contractor and/or Sub-Contractor jointly and separately agree to defend, indemnify, and hold harmless the County of Bergen, its officers and employees, from and against any claims for property damage or personal injury, including death, arising in any way from Contractor or Owner's transport using the county road system.

Signature of Applicant: _____

Print Name of Applicant: _____

Permit number will be issued once application has been reviewed and approved by the Engineering Division. The Operations Division will release the permit upon Engineering Division approval. Please make sure that all the information on this application is correct and complete. No Move is to be completed until the permit is issued. This office is to be notified immediately of any changes to the information supplied as part of this permit application. A copy of this permit must be kept with the transporter.

APPROVED: _____

(County Road Supervisor or Designee)

Permission is hereby granted to the above-named applicant to transport one OS/OW load the County Road described in the above application.

PERMIT NUMBER: _____ **Date Issued:** _____