

GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT

NJUNS #:



E-MAIL COMPLETED APPLICATION TO
PEWIREROOM@DOT.GA.GOV
OR
FAX APPLICATION TO:
404-635-8501;
404-635-8507; 404-635-8509

HOUSE MOVE PERMIT APPLICATION

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. CHARGES FOR THIS SERVICE IS \$7.00)

PLEASE NOTE: SOME MOVES MAY REQUIRE A TRAFFIC CONTROL PLAN. IF SO, THE COMPANY WILL BE NOTIFIED.

DATE & TIME APPLICATION FAXED: _____

US DOT# _____ COMPANY NAME: _____

ESCROW ID# _____ or CREDIT CARD #: _____ EXPIRATION: _____
FOR CREDIT CARD _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY PHONE #: _____ CONTACT PERSON: _____ CONTACT PHONE #: _____

INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____

SEND TO FAX #: _____ or E-MAIL TO: _____

LOAD DESCRIPTION: **HOUSE**

TRACTOR MAKE: _____ TRACTOR TAG: _____ STATE: _____

TRAILER TAG OR VIN#: _____ STATE: _____

Overall WIDTH _____ FT. _____ IN. Overall HEIGHT _____ FT. _____ IN. Overall LENGTH _____ FT. _____ IN.

TOTAL GROSS WEIGHT _____

BEGINNING ADDRESS INCLUDING CITY: _____

ENDING ADDRESS INCLUDING CITY: _____

REQUESTED ROUTE: _____

BEGIN DATE : _____ BEGIN TIME: _____ END DATE : _____

SAFETY EQUIPMENT TO CARRY: _____

REMARKS: _____

