

**CITY OF PORTSMOUTH**  
**MOVING AND HAULING PERMIT APPLICATION**

**TRAFFIC ENGINEERING DEPARTMENT**  
**801 CRAWFORD STREET - PORTSMOUTH, VA 23704**  
**PH: (757) 393-8594                      FAX: (757) 393-5087**

DATE: \_\_\_\_\_ **haulingpermits@portsmouthva.gov**

**TYPE OF PERMIT REQUESTED:** \_\_\_\_\_ **BLANKET** \_\_\_\_\_ **SINGLE (one way)** \_\_\_\_\_ **SINGLE (with return trip)**

CERTIFICATE OF INSURANCE *in the amount of \$500,000 and a copy of state permit (pages 1 & 2 only) are required to accompany application. Blanket permits shall be for one particular vehicle only.*

DATE OF MOVE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ FAX#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

ITEM(S) TO BE MOVED: \_\_\_\_\_ TRAILER LICENSE # \_\_\_\_\_ LICENSE STATE: \_\_\_\_\_

TRIP ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_  
**(If applicable provide trip origin and/or destination street address)**

PREFERRED ROUTE OF TRAVEL: \_\_\_\_\_

**OVERALL SIZE REQUEST**

HEIGHT \_\_\_\_\_ FT \_\_\_\_\_ IN    WIDTH \_\_\_\_\_ FT \_\_\_\_\_ IN    LENGTH \_\_\_\_\_ FT \_\_\_\_\_ IN

**WEIGHT REQUEST**

NUMBER OF AXLES ON VEHICLE OR VEHICLE COMBINATION: \_\_\_\_\_

VEHICLE GROSS WEIGHT/VEHICLE COMBINATION/LOAD \_\_\_\_\_ LBS.

SINGLE \_\_\_\_\_ LBS.    TRI \_\_\_\_\_ LBS.    OTHER AXLE \_\_\_\_\_ LBS.

TANDEM \_\_\_\_\_ LBS.    QUAD \_\_\_\_\_ LBS.    OTHER AXLE \_\_\_\_\_ LBS.

WHEEL BASE (MEASURE FRONT CENTER AXLE TO REAR CENTER AXLE) \_\_\_\_\_ FT.

---

The permittee, its agents, employees, officers and assigns assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the transportation of vehicles and loads under a permit. Furthermore, the permittee, its agents, employees, and officers hold the City of Portsmouth harmless from any and all claims, demands, actions, judgments, executions, damages or proceedings for any and all personal injury, and injuries to property real or personal, public or private, caused by or arising out of, directly or indirectly, from the transportation of the vehicle and/or load under a permit.

**The applicant/driver is responsible for permit accuracy. All routes shall be verified by the applicant/driver as required. Applications that are considered incomplete or have missing information and inaccuracies are NOT guaranteed for processing in time for the requested move.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Permitting Company: \_\_\_\_\_

**Note: Single Trip Permit Applications shall be submitted a minimum of two (2) business days prior to move. Blanket Permit Applications shall be submitted a minimum of five (5) business days prior to move.**