

Beadle County Highway Permit
Overweight and Over Dimension Loads
Fax: 605-353-8444 Phone: 605-353-8441
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SINGLE TRIP OVER DIMENSION LOADS=\$50.00 - ANNUAL OVER DIMENSION LOADS =\$100.00
OVERWEIGHT: __ 80,000-100,000#s=\$100.00 __ over 100,000-150,000#s=\$150.00 __ over 150,000#'= \$200.00
SINGLE TRIP ONLY FOR OVERWEIGHT VEHICLES

All requests for permits must be accompanied by the SDDOT permit.

County Highway Permit # _____ **NO PERMITS WILL BE ISSUED DURING SEASONAL LOAD LIMIT POSTINGS**

1. Object to be moved _____
Height: _____
Width: _____
Length: _____
Gross weight: _____

2. Does the single axle or group axle weights exceed legal 9-ton roadways limits? (YES) (NO)
Does the single axle or group axle weights exceed legal 10-ton roadway limits? (YES) (NO)

3. Movement to be during daylight hours between the dates of _____ and _____

4. Movement to be from _____ to _____ on County Highway
County Road Number(s) _____ (Provide a map if possible).

5. PUBLIC LIABILITY - PROPERTY DAMAGE

Amount of public liability and property damage insurance \$ _____. (Must exceed \$300,000.00 for a single claim arising from single occurrence and \$1,000,000.00 for multiple claims arising from single occurrence).

Insurance Company: _____
Name & Address of local agency: _____
(Please send copy of proof of Insurance)

If granted this permit (I) (We) do hereby agree to comply with the provisions of the permit to take all necessary and reasonable precautions to maintain the safety of this movement and to be responsible for all liability for the personal injury or property damage which may occur in connection with this movement; and in the event any claim is made against the County of Beadle or department, office, or employee thereof, through, by reason of, or in connection with any such act or omission, applicant shall indemnify and hold them and each of them harmless from such claims.

Applicant's Name: _____

(Permit Company or Truck Owner)
Applicant's Title: _____

Applicant's Signature: _____ Printed Name: _____
Billing Address: _____

(PO Box or Street) (City) (State) (Zip Code)
Phone #: _____ Fax #: _____

Permission for this movement is hereby granted subject to compliance with the provisions of the South Dakota Highway Traffic Regulations. This Permit is subject to revocation upon non-compliance. Permission for movement over roads other than County Highways must be obtained from the proper road authority. This permit does not exempt the permittee from other driving or highway laws.

BEADLE COUNTY HIGHWAY DEPARTMENT
BY _____
(County Employee) (Title)

DATE: _____