

County Permit # \_\_\_\_\_

**Brookings County Permit**  
**Over weight and Over dimension loads**  
**Fax: 605-696-8278 Phone: 605-696-8270**  
**highway@brookingscountysd.gov**

OVERWEIGHT: \_\_ 80,000-100,000#'s=\$100.00 \_\_ over 100,000-150,000#'s=\$150.00 \_\_ over 150,000#'s= \$200.00  
**SINGLE TRIP ONLY FOR OVERWEIGHT VEHICLES**

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

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 Brookings 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 and under the terms, condition, and restrictions contained on the attached sheet Ordinance 07-01 and is subject to revocation upon non-compliance.

**BROOKINGS COUNTY HIGHWAY DEPARTMENT**

BY \_\_\_\_\_  
(County Employee) (Title)

DATE: \_\_\_\_\_

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.