



Special Motor Vehicle (Over-Legal) Moving Permit Checklist County Roads

Form # CR0014 C
Revised 04/05/2017

Yakima County Public Services
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For Official Use Only

Date:	SMV No:	PRJ No:
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Applicant Information

Transporter:	Date of Move:
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Address:	Phone:	Fax:
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Current Annual Special Moving Permit Holder? YES NO - Continue
Permit Number:

Applicant:	Phone:
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New Manufactured Home Used Manufactured Home Equipment Military Structure*

*If Structure is selected above, complete this line.
 House Garage Storage Bldg. Other _____

Building Permit No. _____ Date Issued: _____ Manuf. Home Permit No. _____ Date Issued: _____

*If you are moving a Structure or a Manufactured Home you must have a Building Permit or Manufactured Home Permit *PRIOR* to being issued a Moving Permit.

Please review the required items below. An unchecked box indicates missing information you are required to provide.

YOUR PERMIT WILL NOT BE ISSUED UNTIL ALL THE APPLICABLE ITEMS HAVE BEEN SUBMITTED.

Required Manufactured Home Submittals

- | | |
|---|--|
| <input type="checkbox"/> Manufactured Home Permit (MHP). | <input type="checkbox"/> Proposed route to be traveled - Must submit route to be traveled at least 24 hrs in advance for determination of safety and approval. |
| <input type="checkbox"/> Property Tax Certificate for Mobile Home Movement (<i>used</i> MH ONLY) Obtain from Treasurer's Office. | <input type="checkbox"/> Submit copy of WA St Dept of Transportation (WSDOT) Special Moving Vehicle Permit (SMV), if moving on State Highway(s). |
| <input type="checkbox"/> Mobile Home Movement Decal (USDOT/WUTC Number will be on decal). | <input type="checkbox"/> Incomplete application: _____ (date). |
| <input type="checkbox"/> Name and contact information of transporter. | |
| <input type="checkbox"/> Date(s) of Transport. | |
| <input type="checkbox"/> Dimensions of Manufactured Home. | |

Required Equipment Submittals - Over Dimension

- | | |
|---|--|
| <input type="checkbox"/> Name and contact information of Transporter. | <input type="checkbox"/> Date(s) of Transport. |
| <input type="checkbox"/> USDOT or WUTC Number from the State. | <input type="checkbox"/> Dimensions of load. |
| <input type="checkbox"/> Proposed route to be traveled - will need to be approved by Bridge Engineer. | <input type="checkbox"/> Type of equipment. |
| <input type="checkbox"/> Submit copy of WSDOT Special Moving Permit, if moving on State Highway(s). | <input type="checkbox"/> Utility releases for loads over 18' high. |
| | <input type="checkbox"/> Complete Part III, if applicable. |
| | <input type="checkbox"/> Incomplete application: _____ (date). |

Required Equipment Submittals - Overweight

- | | |
|---|--|
| <input type="checkbox"/> Name and contact information of transporter. | <input type="checkbox"/> Dimensions of load. |
| <input type="checkbox"/> USDOT or WUTC Number from the State. | <input type="checkbox"/> Gross weight. |
| <input type="checkbox"/> Proposed route to be traveled - will need to be approved by Bridge Engineer. | <input type="checkbox"/> Licensed weight. |
| <input type="checkbox"/> Submit copy of WSDOT Special Moving Permit, if moving on state Highway(s). | <input type="checkbox"/> Type of equipment. |
| <input type="checkbox"/> Date(s) of Transport. | <input type="checkbox"/> Utility releases for loads over 18' high. |
| | <input type="checkbox"/> Complete Part III, if applicable. |
| | <input type="checkbox"/> Incomplete application: _____ (date). |

Required Structure Submittals

- | | |
|---|--|
| <input type="checkbox"/> Building Permit Number - Indicate <i>Temporary</i> or <i>Permanent</i> Location. | <input type="checkbox"/> Licensed weight. |
| <input type="checkbox"/> Name and contact information of Transporter. | <input type="checkbox"/> Proposed route to be traveled - Must submit route at least 24 hrs in advance for determination of safety and approval. |
| <input type="checkbox"/> USDOT or WUTC Number from the State. | <input type="checkbox"/> Submit copy of WA St Dept of Transportation (WSDOT) Special Moving Vehicle Permit (SMV), if moving on State Highway(s). |
| <input type="checkbox"/> Date(s) of Transport. | |
| <input type="checkbox"/> Dimensions of load. | |
| <input type="checkbox"/> Gross weight. | |

- Utility Releases for loads over 18' high.
- Complete Part III, if applicable.

- \$200 deposit for anything over 20' wide.
- Incomplete application: _____(date).

Required Military Submittals

- Name and contact information of Transporter.
- Submit copy of WSDOT Moving Permit.
- Date(s) of Transport.
- Description (dimensions VIN #, DOT #, etc).
- Proposed route to be traveled.
- Incomplete application: _____(date).

THE FOLLOWING CONDITIONS MUST BE MET DURING YOUR MOVE.

Conditions / Restrictions for ALL Moves - Part II

- Maximum speed 15mph on all bridges.
- Maximum speed: as posted. Limited to ____.
- Allow no other vehicles on bridges. Exception: passenger cars on 4-lane bridges.
- Daylight hours only.
- Travel centerline of roadway on bridges; on 4-lane bridges, use inside lane.
- No movement if vision is obscured by fog or inclement weather.
- Do not cross posted bridges.
- Assume responsibility for overhead obstructions.
- Flagman required on truck and flaggers to control traffic.
- No Saturday P.M., Sunday or Holiday movement.
- Red flags must be displayed on load.
- No 7a.m.-9a.m., 3p.m.-6p.m. movement or as noted: _____.
- Pilot car ahead and in rear w/flashing lights on 2-lane roads.
- Subject to winter road restrictions.
- Keep tires clear of asphalt edge.
- Notification to Fire Department (Yakima Fire Dept 575.6060 / Lower Valley Fire Dept 829.5111).

Oversize / Overweight Vehicle Information

Date of Move:		Truck License:			Trailer License:	
<input type="checkbox"/> Tractor/Trailer (connected by 5th wheel)		<input type="checkbox"/> Truck/Trailer (connected by hitch)			<input type="checkbox"/> Single Vehicle	
Origin (Address)			Destination (Address)		# of Miles	
Power Unit # of Axles	Trailing Unit # of Axles	Gross Weight	Legal Weight Cap	Reg/License Weight - WA	Axle Spacing Report #	
Width	Height	Total Overall Length	Trailer/Load Length	Front Overhang	Rear Overhang	

Routes of Travel (County Roads) for single trips oversize/overweight required)

Roads	Roads	Roads

County Road Miles _____

Overweight Only: Give axle spacing measured from center of axle in feet and inches, number of tires per axle, gross axle weights. Not required if you have an axle report #.

ALL TIRES SIZES



Tire Size on Steer Axle	Lift Axles? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which axle?	Tire Size	Single <input type="checkbox"/> Dual <input type="checkbox"/>	Self Steering? Yes <input type="checkbox"/> No <input type="checkbox"/>
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