

OVERSIZE / OVERWEIGHT USE OF RIGHT-OF-WAY APPLICATION



ROW _____ - _____

APPLICANT INFORMATION:

COMPANY NAME: _____
 APPLICANT NAME: _____ PHONE: _____
 APPLICANT ADDRESS: _____ FAX: _____
 _____ E-MAIL: _____
 24HR EMERGENCY CONTACT NAME: _____ 24HR PHONE: _____

TRIP INFORMATION:

LEGAL INDIANAPOLIS ADDRESS FOR START AND / OR END POINT OF TRANSPORT IS REQUIRED
 START ADDRESS: _____ TRAVEL START DATE: _____
 END ADDRESS: _____ TRAVEL END DATE: _____
 PROPOSED ROUTE: _____

VEHICLE INFORMATION:

TOTAL # OF LOADS: _____
 TRUCK WEIGHT: _____ LOAD WEIGHT: _____ GROSS WEIGHT*: _____
 LENGTH: _____ WIDTH: _____ HEIGHT: _____
 VEHICLE #: _____ PLATE #: _____ STATE: _____
** PLEASE DRAW AXEL INFORMATION ON RIGHT MARGIN*

PERMIT APPLICATION MUST BE SIGNED AND DATED: THE PETITIONER/APPLICANT HEREBY AGREES TO HOLD HARMLESS, DEFEND AND THE INDEMNIFY THE DEPARTMENT OF CODE ENFORCEMENT AND THE CITY OF INDIANAPOLIS FROM OR AGAINST ALL CLAIMS, ACTION, DAMAGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S FEES OR ANY ALLEGED INJURY AND/OR DEATH TO ANY PERSON OR DAMAGE TO ANY PROPERTY ARISING, OR ALLEGED TO HAVE ARISEN OUT OF ANY ACT OF COMMISSION OR OMISSION ON THE PART OF THE PETITIONER/APPLICANT, HIS/HER HEIRS, SUCCESSORS, OR ASSIGNS REGARDLESS OF WHETHER SUCH ACTS ARE THE DIRECT OR INDIRECT RESULT OF THE PUBLIC RIGHT-OF-WAY USE PURSUANT TO THIS PERMIT GRANT.
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE:

PRINTED NAME: _____ DATE: _____
 SIGNATURE: _____

NOTARY USE ONLY: (ALL APPLICATIONS MUST BE NOTARIZED)
 SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE,
 THIS _____ DAY OF _____ YEAR _____
 STATE OF: _____ COUNTY OF: _____

NOTARY PUBLIC
 PRINT NAME: _____
 SIGNATURE: _____
 MY COMMISSION EXPIRES: _____

Please draw axel information for loads over 100k lbs

Weight
Axel Spacing

OF AXELS? _____

INCOMPLETE APPLICATIONS WILL BE DENIED. PLEASE ALLOW FOR UP TO 5 BUSINESS DAYS FOR PROCESSING.

PAYMENT IS DUE PRIOR TO PERMIT ISSUANCE. IF PERMIT IS CANCELLED, THE APPLICATION FEE OF \$32 IS A NON-REFUNDABLE FEE. ONCE A PERMIT REQUEST HAS BEEN PROCESSED, APPLICANT WILL RECEIVE DIRECTION VIA EMAIL REGARDING FEE PAYMENT OPTIONS. APPLICANT WILL RECEIVE A COPY OF THE RECEIPT AND THE PERMIT VIA EMAIL ONCE PAID.

NOTE: ALL CREDIT CARD, DEBIT CARD AND E-CHECK PAYMENTS ARE SUBJECT TO A 3.2% + \$1.00 CONVENIENCE CHARGE

OFFICE USE ONLY:
NOTIFIED?
 DPW APPROVAL? YES NO N/A
 ROW INSPECTOR APPROVAL? YES NO N/A
 ADD CONDITIONS? YES NO

DEPARTMENT OF BUSINESS AND NEIGHBORHOOD SERVICES
 1200 MADISON AVENUE, SUITE 100
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