PERMIT APPLICATION TO TRANSPORT OVERSIZE/OVERWEIGHT VEHICLES OVER COUNTY RIGHTS-OF-WAY
APPLICATION

TRANSPORTATION SERVICES DIVISION
ROW PERMITTING & INSPECTION
2885 SOUTH HORSESHOE DRIVE, NAPLES, FLORIDA 34104
Telephone Number: 252-5767  Fax Number: 213-5828

Right-of-way Permit #___________  Fee Amount $________  Receipt #__________  Date Submitted: __________

Permit Request to move: _____________________________________________ Over County Road(s): #___________
(Description of Vehicle)                  #___________

From: ___________________________________  Destination:________________________________________

Via the following route (also submit detailed plan of route originating):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

During the following times and dates:________________________________________________________
_____________________________________________________________________________________________________

FOR BUILDING MOVEMENTS ONLY:

Building weight: _________         Axle Spacing: _______         Number of axles: _______        Number of tires per axle:_______

The following facilities on the proposed route have been contacted and advised of the proposed move:

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>ADDRESS</th>
<th>REPRESENTATIVE</th>
<th>TITLE</th>
<th>DATE</th>
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All the following agencies have been contacted, as appropriate, and offer no objections:

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<tr>
<th>REPRESENTATIVE AND TITLE</th>
<th>APPROVED</th>
<th>DISAPPROVED</th>
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<tbody>
<tr>
<td>City of Naples</td>
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<td>Florida Highway Patrol</td>
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<td>FDOT (Submit copy of approved Permit)</td>
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<td>Collier County Sheriff’s Dept.</td>
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<td>Building Review and Permitting</td>
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<td>Collier County DOT (Traffic Operation)</td>
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<td>Other:____________________</td>
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Stipulations/Comments:____________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Submission of this Permit Application certifies that all information contained hereon is correct. Permitting/Applicant acknowledges that any false statement will void the permit requested, and may result in denial of future permits or other penalties as appropriate.

I have a bond on file with the Tallahassee office of the State Road Department in the amount of $__________, Bond #__________________:

OR

I have insurance on file with Collier County in the amount of $___________. Expiration date is: ___________________.
(Collier County must be names as an additional insured on all policies.)

Applicant/Permittee: _____________________________  By: _____________________________
(Representative and Title)
Address: __________________________________________________ Telephone #________________

Permit Request Approved By:__________________________________________         Date:______________________