



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

Yakima County Public Services
128 North Second Street · Fourth Floor Courthouse · Yakima, Washington 98901
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Form # CR0014 C
Revised 4/27/2018

For Official Use Only

Date:	SMV No:	PRJ No:
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Applicant Information

Transporter:			Date of Move:		
Transporter Address:			Fax:		
City:	State:	Zip:	Phone:		
Owner/Applicant:			Phone:		
Applicant Address:			Email:		
<input type="checkbox"/> New Manufactured Home		<input type="checkbox"/> Used Manufactured Home		<input type="checkbox"/> Equipment	
<input type="checkbox"/> Military		<input type="checkbox"/> Structure*			
*If <u>Structure</u> is selected above, complete this line.					
<input type="checkbox"/> House		<input type="checkbox"/> Garage		<input type="checkbox"/> Storage Bldg.	
<input type="checkbox"/> 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. PERMIT IS VALID FOR 3 DAYS FROM THE DATE OF ISSUE. A MINIMUM OF 24 HOURS IS NEEDED TO PROCESS YOUR REQUEST.

Required Manufactured Home Submittals

- | | |
|--|---|
| <input type="checkbox"/> Manufactured Home Permit (MHP).
<input type="checkbox"/> Property Tax Certificate for Mobile Home Movement (<i>used</i> MH ONLY) Obtain from Treasurer's Office.
<input type="checkbox"/> Mobile Home Movement Decal (USDOT/WUTC Number will be on decal) Obtain from Treasurer's Office
<input type="checkbox"/> Submit copy of Washington State Dept. of Transportation Special Moving Vehicle Permit | <input type="checkbox"/> Name and contact information of transporter.
<input type="checkbox"/> Date of Transport.
<input type="checkbox"/> Dimensions of Manufactured Home.
<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. |
|--|---|

Required Equipment Submittals - Over Dimension

- | | |
|--|---|
| <input type="checkbox"/> Name and contact information of Transporter.
<input type="checkbox"/> USDOT or WUTC Number from the State.
<input type="checkbox"/> Proposed route to be traveled - will need to be approved by Bridge Engineer.
<input type="checkbox"/> Submit copy of Washington State Dept. of Transportation Special Moving Vehicle Permit
<input type="checkbox"/> Date of Transport. | <input type="checkbox"/> Dimensions of load.
<input type="checkbox"/> Type of equipment.
<input type="checkbox"/> Utility releases for loads over 18' high. |
|--|---|

Required Equipment Submittals - Overweight

- | | |
|--|--|
| <input type="checkbox"/> Name and contact information of transporter.
<input type="checkbox"/> USDOT or WUTC Number from the State.
<input type="checkbox"/> Proposed route to be traveled - will need to be approved by Bridge Engineer.
<input type="checkbox"/> Submit copy of Washington State Dept. of Transportation Special Moving Vehicle Permit
<input type="checkbox"/> Date of Transport. | <input type="checkbox"/> Dimensions of load.
<input type="checkbox"/> Gross weight.
<input type="checkbox"/> Licensed weight.
<input type="checkbox"/> Type of equipment.
<input type="checkbox"/> Utility releases for loads over 18' high. |
|--|--|

Required Structure Submittals

- | | |
|---|--|
| <input type="checkbox"/> Building Permit Number - Indicate <i>Temporary</i> or Permanent Location.
<input type="checkbox"/> Name and contact information of Transporter. | <input type="checkbox"/> USDOT or WUTC Number from the State.
<input type="checkbox"/> Date of Transport.
<input type="checkbox"/> Dimensions of load.
<input type="checkbox"/> Gross weight. |
|---|--|

- Licensed weight.
- Proposed route to be traveled - Must submit route at least 24 hrs in advance for determination of safety and approval.

- Submit copy of Washington State Dept. of Transportation Special Moving Vehicle Permit
- Utility Releases for loads over 18' high.
- \$250 non-refundable fee for anything over 20' wide.

Required Military Submittals

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

Demolition Requirements

- Are you moving your modular/mobile/manufactured home for Demolition purposes? Yes No
- Have you completed an Asbestos survey of the structure? Yes No
- Have you contacted Yakima Clean Air Authority? (509)834-2050 Yes No

PLEASE NOTE: THE FOLLOWING CONDITIONS MAY BE REQUIRED DURING YOUR MOVE.

Conditions / Restrictions

Maximum speed 15mph on all bridges.
 Allow no other vehicles on bridges. Exception: passenger cars on 4-lane bridges.
 Travel centerline of roadway on bridges; on 4-lane bridges, use inside lane.
 Do not cross posted bridges.
 Flagman required on truck and flaggers to control traffic.
 Red flags must be displayed on load.
 Pilot car ahead and in rear w/flashing lights on 2-lane roads.
 Keep tires clear of asphalt edge.

Maximum speed: as posted. Limited to ____.
 Daylight hours only.
 No movement if vision is obscured by fog or inclement weather.
 Assume responsibility for overhead obstructions.
 No Saturday P.M., Sunday or Holiday movement.
 No 7a.m. to 9a.m., 3p.m. to 6p.m. movement or as noted: _____.
 Subject to winter road restrictions.
 Notification to Fire Department (Yakima Fire Dept 575.6060 / Lower Valley Fire Dept 829.5111).

Required for ALL Moves: Oversize / Overweight Vehicle Information

Truck License:		Truck Vin:		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)		
City:		State:	Zip:	# of Miles	
City:		State:	Zip:		
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
Route to be traveled (please be specific) for all moves including single trips for oversize/overweight equipment is 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"/>