



STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION

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OVERSIZE/OVERWEIGHT ROUTE SURVEY FORM FOR THE STATE OF CONNECTICUT HIGHWAY OPERATIONS OVERSIZE/OVERWEIGHT PERMIT UNIT

The following routes have been physically surveyed for _____
(Permittee Name)

and certified by _____ on _____
(Person Performing Survey) (Date Survey Performed)

that:

- 1) There is safe and sufficient clearance to all permanent overhead obstacles,
- 2) There is sufficient clearance to pass all roadside obstructions and in-road traffic control features,
- 3) The gross vehicle weight as stated does not exceed highway and/or structural weight postings on any routes, and
- 4) There is sufficient room to accomplish all turning movements without affecting other vehicles unless added measures, such as specialized equipment or police escorts, are used as recommended herein.

ORIGIN:

DESTINATION:

ROUTES:

LOAD DESCRIPTION:

OVERALL DIMENSIONS:

HEIGHT: _____ **WIDTH:** _____ **LENGTH:** _____

GROSS VEHICLE WEIGHT: _____ **AXLES:** _____

RECOMMENDED SPECIAL CONSIDERATIONS:

SURVEY COMPANY NAME AND ADDRESS:

TEL. NO: _____ **FAX NO:** _____ **Email:** _____

AUTHORIZED SIGNATURE: _____

NOTE: A typed name will substitute for a handwritten signature