

SUMTER COUNTY  
HAULING ON COUNTY ROAD PERMIT  
(205) 652-9608

PERMIT NUMBER: \_\_\_\_\_

The undersigned hereby makes application for a permit to haul material on Sumter County Roads. The work to be performed is described below and in attachments hereto. The Undersigned agrees that all such work shall be done in accordance with the requirements of the Sumter County Commission and with all other applicable Federal, State, and local regulations.

Owner or Authorized Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Site Location: \_\_\_\_\_

Hauler/Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone and Fax Numbers: \_\_\_\_\_

Material Hauled:  
 Logs     Dirt     Aggregate     Concrete     Other (Describe)

Comments \_\_\_\_\_  
\_\_\_\_\_

Truck Type:  
 Log Truck     Trailer Dump     Tri-Axle Dump     Tandem Dump  
 Single Axle Dump     Other (Describe)

Comments \_\_\_\_\_  
\_\_\_\_\_

Estimated Quantity:  
Number of Loads \_\_\_\_\_ Acres Harvested \_\_\_\_\_  
Cubic Yards \_\_\_\_\_ Tons \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Time Frame:  
Projected Beginning Date \_\_\_\_\_ Projected Ending Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**Note: The applicant understands and agrees that: this permit, if issued, is issued on the conditions and facts described; and permit may be repealed if conditions or facts change; permit void if the activity has not begun within 180 days of the issuance date; and the permit will remain valid for one year from date of issuance.**

**The applicant also understands and agrees that the applicant will bear responsibility for costs borne by Sumter County to repair all or parts of its haul route along county maintained roads damaged beyond normal wear by the applicant's hauling activity. Such repair costs passed on to the applicant will return the haul route to its pre-existing condition. The County Engineer will determine whether damage beyond normal wear has occurred and any associated repair costs.**

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**Material Location/Destination:** (In the space provided, please show a brief drawing with street names and landmarks for proper location).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Engineer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Inspection Date: \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED**

**DENIED**

**CONDITIONAL**

**COMMENTS RELATING TO CONDITIONAL APPROVAL: (ATTACH ADDITIONAL COMMENTS IF NECESSARY)**

\_\_\_\_\_

\_\_\_\_\_