

TURNER COUNTY HIGHWAY DEPARTMENT OVERWEIGHT & OVERSIZE USER PERMIT

Complete this form, print, and mail to:
Turner County Highway Dept.
1070 E 6TH St
Parker, SD 57053

ISSUED SUBJECT TO ALL APPLICABLE LAWS & REGULATIONS

Permit fees are as follows:

OVERSIZE SINGLE TRIP PERMIT: \$25.00

OVERSIZE ANNUAL FEE: \$60.00

OVERWEIGHT PERMITS:

| SINGLE TRIP: GROSS WEIGHT OF VEHICLE | PERMIT FEE |
|--------------------------------------|------------|
| 80,000-100,000 LBS | \$100.00 |
| 100,001-149,999 LBS | \$150.00 |
| 150,000 LBS AND OVER | \$200.00 |
| ANNUAL PERMITS: | |
| 80,000-100,000 LBS | \$250.00 |
| 100,001-149,999 LBS | \$375.00 |
| 150,000 LBS AND OVER | \$500.00 |

*Motor Carrier Services will be conducting random checks of the claimed weights and measures as contained herein.
Must observe all seasonal weight restrictions. Only good on Turner County Roads. Not valid on State and Township Roads.
Must observe all bridge postings.*

****NO** oversized movement sunset to sunrise. **NO** mobile home movement when the winds exceed 25 MPH**
Void upon leaving Turner County Roads

All Permits cover only and exactly the EQUIPMENT listed within this permit and are NON-TRANSFERABLE
Damages to structures or other property within highway right-of-way shall be compensated for by the permitted user

_____ Single-Trip _____ Multiple-Trip _____ Annual _____ Oversize Only

****PERMIT EFFECTIVE FROM _____ TO _____ ALL ANNUAL PERMITS EXPIRE ON 12/31****

DATE APPLIED: _____ TIME: _____ AM/PM TOTAL FEE: \$ _____

RECEIPT # _____ CHECK # _____ DATE OF PAYMENT: _____

TO BE COMPLETED BY TCHD STAFF ONLY-PERMIT NOT VALID UNTIL PAYMENT IS RECEIVED.
48 HOURS ADVANCE NOTICE IS REQUIRED FOR PROCESSING AND APPROVAL.

NAME OF APPLICANT _____

ADDRESS _____ CITY, ST, ZIP _____

PHONE _____ FAX _____ E-MAIL _____

PERMIT # _____

ISSUED BY: _____ DATE: _____

TITLE: Highway Supt. _____ Turner County Highway Dept

Phone 605-297-3404 Fax 605-297-3298

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PROVIDE A DETAILED TRAVEL ROUTE FROM ORIGIN TO DESTINATION OF OVERSIZE/OVERWEIGHT LOAD. (Route applies to Single Trip only. POSTED LIMITS GOVERN)

_____ TOTAL DISTANCE ON COUNTY ROADS _____

CARGO/OBJECT TO BE MOVED: _____

TRUCK MAKE: _____ TRUCK LICENSE # _____ STATE _____

SERIAL # _____ TRAILER LICENSE # _____ STATE _____

OVERSIZE PERMIT:

WIDTH _____ LENGTH _____ HEIGHT _____

OVERWEIGHT PERMIT:

GROSS VEHICLE WEIGHT _____ NUMBER OF AXLES _____

Legal weight per axle and/or axle group will be based on the *bridge weight formula* as found in the "State of South Dakota's Motor Carrier Handbook." The legal weight calculator can be found at: <https://sdaps.sd.gov/sdaps/legalcal.asp>.

USING THE DIAGRAM BELOW, PLEASE INDICATE THE AXLE WEIGHTS
OF YOUR VEHICLE. (Mark an X through any areas that do not apply)

