



5629 E. SELTICE WAY POST FALLS, ID 83854 T: (208) 765-3717

OVER-LEGAL LOAD APPLICATION

THIS PROGRAM IS FOR YOUR BENEFIT. ABUSE MAY CAUSE THE DISTRICT TO STOP ALL SPECIAL HAULING.

GENERAL PROVISIONS OF A HAULING PERMIT

THE HIGHWAY DISTRICT MAY REVOKE, ANNUL, CHANGE, AMEND, AMPLIFY, OR TERMINATE A PERMIT OR ANY OF THE CONDITIONS IF GRANTEE FAILS TO COMPLY WITH ANY OR ALL OF ITS PROVISIONS, REQUIREMENTS, OR REGULATIONS AS HEREIN SET FORTH OR THROUGH WILLFUL OR UNREASONABLE NEGLIGENCE, FAILS TO HEED OR COMPLY WITH NOTICES GIVEN.

IN ACCEPTING A PERMIT, THE GRANTEE, HIS/HER SUCCESSORS, OR ASSIGNS AGREE TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURY DONE TO THE PROPERTY OF THE GRANTEE.

NEITHER THE ACCEPTANCE OF A PERMIT OR ANYTHING HEREIN CONTAINED SHALL BE CONSTRUED AS A WAIVER BY THE GRANTEE OF ANY RIGHTS GIVEN IT BY THE CONSTITUTION OR LAWS OF THE STATE OF IDAHO OR THE UNITED STATES.

IN ACCEPTING A PERMIT, THE GRANTEE, ITS SUCCESSORS, OR ASSIGNS AGREE TO PROTECT THE HIGHWAY DISTRICT, OR ITS AGENTS, AND SAVE IT HARMLESS FROM ALL CLAIMS, ACTIONS, OR DAMAGES OF EVERY KIND, ANY DESCRIPTION WHICH MAY ACCRUE TO OR BE SUFFERED BY ANY PERSON, CORPORATION, OR PROPERTY, AND IN CASE ANY SUIT OR ACTION IS BROUGHT AGAINST SAID HIGHWAY DISTRICT, ITS OFFICERS, OR AGENTS, FOR DAMAGES ARISING OUT OF OR BY REASON OF ANY OF THE ABOVE CAUSES, THE GRANTEE, ITS SUCCESSORS, OR ASSIGNS WILL UPON NOTICE TO IT OF COMMENCEMENT OF SUCH ACTION, DEFEND THE SAME AT ITS OWN SOLE COST AND EXPENSE, AND WILL SATISFY ANY JUDGMENT AFTER SAID SUIT OR ACTION SHALL HAVE FINALLY BEEN DETERMINED IF ADVERSE TO THE HIGHWAY DISTRICT, ITS OFFICERS OR AGENTS.

NO VEHICLE SHALL BE MOVED WITHIN THE LIMITS OF THE HIGHWAY DISTRICT IN SUCH A MANNER TO INTERFERE WITH THE TRAVEL OVER SAID ROAD(S).

AN APPROVED PERMIT DOES NOT CONSTITUTE A VESTED RIGHT, BUT RATHER A PRIVILEGE, WHICH MAY BE REVOKED AT ANY TIME BY POST FALLS HIGHWAY DISTRICT.

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT EMAIL: _____ APPLICANT PHONE: _____

REQUESTED HAULING DATE(S): _____

VEHICLE DESCRIPTION: _____

LICENSE PLATE #: _____

LOAD DETAILS: _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____ WEIGHT: _____

ROUTE TO BE USED

YOU MAY ATTACH A MAP WITH SPECIFIED ROUTE, DIPPICED WITH IDENTIFIABLE MARKINGS

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE OWNER, OR AUTHORIZED REPRESENTATIVE OF THE OWNER, OF THE PROPOSED VEHICLE TO BE MOVED AND AGREES TO MOVE THE VEHICLE IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE POST FALLS HIGHWAY DISTRICT; AND STATE; THAT HE/SHE HAS READ THE STATUTES AND UNDERSTANDS THE GENERAL PROVISIONS PRINTED ON THIS APPLICATION.

APPLICANT SIGNATURE _____ DATE: _____

EMAIL COMPLETED APPLICATION TO CONTACTUS@POSTFALLSHD.COM