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OVER-MASS/OVER-DIMENSIONAL CLEARANCE APPLICATION

SF 209

Responsible Officer: Director Assets & Infrastructure Services

Issue Date: 14.07.2014

Next Review Date: July 2016

APPLICANT'S DETAILS	OFFICE USE ONLY
Company Name:	Item:
Contact Person:	GDS:
Fax Number:	Distribution:
Contact Telephone:	
Email Address:	

VEHICLE DETAILS (up to 3 vehicles) - please attach separate sheet if additional vehicles are involved.

Prime Mover/Crane Truck Registration:	Trailer Registration (if applicable):
Overall Combination Length:	Overall Combination Height:
Overall Combination Width:	Overall Combination Mass:

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Overall Combination Length:	Overall Combination Height:
Overall Combination Width:	Overall Combination Mass:

TRAVEL DETAILS

Requested Clearance Start Date:	Requested Clearance End Date:
Intended Travel Date/s:	Load type:
Origin:	Destination:
Client:	Development Application (if applicable):
Route:	

- As the applicant I acknowledge that I am responsible for ensuring that a route assessment has been undertaken, at no cost to Council, confirming the suitability of the stated route.
- I acknowledge that I shall be held liable by the Council for damage to any road, road sign, or other traffic control device, tree, bush, or existing structure resulting from operations effected under this permit and shall pay the cost of any remedial work required by the Yorke Peninsula Council.

Signed:	Dated:
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