## AFFADAVIT INSTRUCTIONS TO PERMIT APPLICANTS

ALL APPLICANTS ARE REQUIRED TO COMPLETE AN AFFADAVIT AND SUBMIT WITH PERMIT APPLICATIONS.

YOU ARE REQUIRED TO SUBMIT AN AFFADAVIT FOR THE FOLLOWING:

- 1. That the load to be moved is **sixteen feet high or higher**, measured from the road surface to the highest part of the load away from the road surface.
- 2. That pursuant to **Nebraska Revised Statute 60-6,298(2)**, you will contact any and all electric utilities that have high voltage conductors and infrastructure that cross over the roadway affected by the move and made arrangements with such electric utilities for the safe movement of the load under any high voltage conductors owned by such electric utilities.
- 3. Please complete application for permit and submit completed affidavit as required. Electronic or printed signature is not accepted.

## **AFFIDAVIT**

STATE OF	)
COUNTY OF	
•	applicant for an overweight/oversize load permit whose shown below, on oath first duly sworn hereby depose and vs:
1.	That the load I will be moving is <b>sixteen feet high or higher</b> , measured from the road surface to the highest part of the load away from the road surface.
2.	That pursuant to Nebraska Revised Statute 60-6,298(2), I have contacted any and all electric utilities that have high voltage conductors and infrastructure that cross over the roadway affected by the move and made arrangements with such electric utilities for the safe movement of the load under any high voltage conductors owned by such electric utilities.
3.	That the utilities I contacted and persons spoke to were as follows (if not applicable, write "N/A" or "not applicable":
	FURTHER AFFIANT SAYETH NOT.
	Affiant Applicant
Subso 20	cribed and sworn to before me thisday of
	Notary Public

PHONE: 308-385-5126	PERMIT TO MOVE A BUILDING ON COUNTY HIGHWAY
	COUNTY OF HALL
FAX: 308-381-6486	PUBLIC WORKS DEPARTMENT

FAX: 308-381-04	186	PUBLIC WORKS DE	PARTMENT			
NAME:						
ADDRESS:		CITY:	STATE/ZIP:			
TELEPHONE:		FAX:				
To move a building	g described below and su	bject to the following gene	eral and special provisions.			
Make of towing Tr	ruck or Trailer					
Lic. No. Truck	State	Lic. No. Trailer	Unloaded Wt. Truck & Trailer	Total Gross Weight		
Overall Loa	nded Height of Bldg		Overall Width			
Overall Len	ngth of Veh. & Bldg					
	of Axles under Bldg		No. of Wheel under Bldg			
Name o	of Insurance Carried		Amt. Of Ins.			
indicated below no	o more may be made on Sobe given to <b>HALL COU</b>	3 /	period beginning idays or when road surfaces are icy <b>DEPARTMENT</b> telephone No.308			
Flagman must be s provided with red to conditions, and hole conveniently pass, suitable detour app and red lanterns aft Advance arrangem In case of breakdow flagmen to direct to THIS PERMIT IS A certified check in	tationed at the beginning flags during daylight how ld them at intersection if is building must be stopped proved in advance by the ster sundown. The mover shall immeraffic around the building VALIDATED BY ANY in the amount of \$ is any damage to highway ld.	rs, red lanterns after sundenecessary. If the width of the dat the end of each mile to Department. Buildings multill utilities companies too pediately notify the party was or to direct the traffic on VARIANCE FROM ITS made pays	nin which the building is being move own, with which to flag traffic, warn be building will not permit traffic to so allow traffic to pass or the traffic sha ust be amply marked with red flags provide overhead clearance. hose names appears above and prov	a them of existing safely and all be directed over a during daylight hours ride the necessary		
SPECIAL PROV	ISIONS:					
or personal injuries Nebraska and all r adopted relative to	s which may occur in corules and regulations of the the use of the roads for	nsequence of this movement he County Public Works	ames all liability and responsibly form. (2) Operator shall comply will Department which have been or whal vehicles or objects. This permit ty.	all laws of the State of ich may be hereinafter		
Issued this	day of		PUBLIC WORKS DEPA	ARTMENT		
Permit Fee \$25.00	•					
Cash						

Check Money Order

PERMIT B#

Expiration date of permit: