



Kittson County Highway Department

401 2nd Street S.W.
Hallock, MN 56728
Phone: (218) 843-2686
Fax: (218) 843-2488

TO: Moving Permit Customers
FROM: Kelly Bengtson, County Engineer
SUBJECT: Moving Permit Fee Schedule
DATE: December 8, 2009

In 2009, the Kittson County Highway Department changed it's policy for Moving Permits. Effective immediately, there will be a charge for all Moving and Overweight Permits issued by this office.

Single trip permits issued by KCHD = \$15.00 each for over size/overweight permits. Axle weight shall not exceed County road design weight (7, 9 or 10 tons per axle).

Annual – Seasonal permits issued by KCHD = \$120 per year for moving buildings, bins & machinery. Axle weight shall not exceed County road design weight (7, 9 or 10 tons per axle).

10% Winter Overload permits for agricultural products = \$60.00 per year. (Does not apply to 90,000 lb. loads on 6 axles or 97,000 lb loads on 7 axles.)

Moving permit applicants must submit an application for each move, regardless of whether or not they have an Annual Permit. This will ensure that the Kittson County Highway Department can approve or deny the application based on weight, route or axle configuration.

Payments must be received at the same time the application is submitted. All checks should be made out to the Kittson County Highway Department.

Annual permits will issued for one calendar year from January 1 through December 31st.

One of the guidelines of the permit that has not changed is that all applications should be submitted at least 72 hours before the move.

For your use, enclosed you'll find a copy of our updated Moving Permit Application. If you have questions or comments concerning this new policy, please feel free to call our office.

Kittson County Highway Department
401 2nd Street SW, Hallock, MN 56728
Phone: 218-843-2686 Fax: 218-843-2488

MOVING PERMIT APPLICATION

(Submit at least 72 hours before the move)

Application Date: _____ Moving Date _____

Name of Moving Contractor: _____

Address: _____

Phone #: _____

Fax #: _____

Moving License No.: _____

Description of Item to be Moved: _____

Dimensions of Item to be Moved: (Height) _____ (Width) _____ (Length) _____

Total Weight of Item to be Moved: _____

Number of axles and configuration of axles (Draw diagram showing axle weights and vehicle weights).

Route to be taken (County & CSAH No.) _____

Movement to be allowed during daylight hours and provisions made to route traffic and provide flagmen and uniformed escort for safety of traveling public. Movers assume all liability for personal injury damage which may occur in connection with the movement and indemnify and hold harmless Kittson County and agents and employees of Kittson County.

Applicant's Signature

Approved _____

Not Approved _____

Type of Payment _____

Amount of Payment _____

KCHD Permit No. _____

Issued By : _____

Kittson County Highway Dept.

Date of Issue: _____