



DEPARTMENT OF PUBLIC WORKS

Ben Walsh, Mayor

**APPLICATION FOR OVERWEIGHT VEHICLE PERMIT**

This permit is an annual permit, and is good for one year from issuance.

**APPLICATION REQUIREMENTS** –Application, fees and insurance requirements must be submitted to:

Central Permit Office

201 East Washington Street, Room 101 • Syracuse, New York 13202

Phone # 315-448-4715 • [CentralPermitOffice@syrgov.net](mailto:CentralPermitOffice@syrgov.net)

**Required Submittals:**

1. Completed Application with payment. Checks or money orders are acceptable forms of payment. All checks/money orders must be made payable to “Commissioner of Finance”;
2. Copy of New York State Divisible Load Overweight Permit;
3. General liability (\$1,000,000 policy) insurance certificate with the City listed as additional insured. The certificate holder on the policy should be: City of Syracuse DPW, 1200 Canal St. Ext. Syracuse, NY 13210;
4. Auto Insurance Policy with a minimum limit of five hundred thousand dollars (\$500,000.00), with a minimum of fifty thousand dollars (\$50,000.00) property damage coverage that lists the City of Syracuse as additionally insured;
5. Copy of Vehicle Registration;

**Fees:**

- Type 1 (F1) Vehicle: \$200
- Type 1A (F1); Type 7; Type 9 (F2); or Type 8 (F3): \$300

**Rules and Regulations (Sec. 53 of Revised General Ordinances):**

- The person, partnership, firm, or corporation to whom this permit is issued shall pay the expenses of all repairs to pavements, bridges, viaducts, roadways, manholes, sewers and receivers, or any other public property, which, in the opinion of the Commissioner of Public Works, was damaged as a result of the proximate cause of their vehicle.
- A vehicle or combination of vehicles shall not be operated or moved over any bridge, viaduct or other structure on any street or roadway in the City if they weight of such vehicle or combination of vehicles and load is greater than the capacity of the structure or exceeds the height of the posted clearances.
- No person shall operate or drive upon any public highway or bridge in the City any tractor or other vehicle having any wheel or moveable track or tread thereof equipped with metal lugs, cleats, grouser shoes or similar devices unless they are properly covered and guarded.
- Permit holder must have a copy of this permit and the New York State permit in the permitted vehicle at all times.
- All other rules and regulations described in Section 53 of the Revised General Ordinances.

Please send your completed application, including all required submittals to:

Central Permit Office  
201 E Washington St, Room 101  
Syracuse, NY 13202



**APPLICATION FOR OVERWEIGHT VEHICLE PERMIT**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Carrier Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_

Is the Applicant a Corporation, Partnership, Association or Firm? \_\_\_\_\_ if yes, list its principal officers with their respective places of residence, phone numbers, titles and date of birth: \_\_\_\_\_

**Power Unit or Single Unit Information**

Vehicle Type (Circle One): Type 1 (F1)    Type 1A (F1)    Type 7    Type 9 (F2)    Type 8 (F3)

US DOT # of Carrier: \_\_\_\_\_

Power Unit Registration Plate #: \_\_\_\_\_

Power Unit Registration Slate #: \_\_\_\_\_

Power Unit VIN #: \_\_\_\_\_

# of Axles: \_\_\_\_\_

Manufacturer's Gross Vehicle Weight Rating (GVWR): \_\_\_\_\_

Year & Make of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_

**Trailer Information**

Trailer VIN #: \_\_\_\_\_

Year and Make: \_\_\_\_\_

Trailer Registration Plate #: \_\_\_\_\_

State of Registration: \_\_\_\_\_

Manufacturer's GVWR: \_\_\_\_\_

Current/Valid NYS Divisible Load Permit #: \_\_\_\_\_

# of Axles: \_\_\_\_\_

The undersigned \_\_\_\_\_, does hereby apply to the City of Syracuse, State of New York, to engage in the business of utilizing an overweight vehicle, pursuant to Chapter 55 of the Revised General Ordinances of the City of Syracuse.

**INDEMNIFICATION STATEMENT**

The applicant, upon issuance of a license, herein agrees to indemnify and save harmless the City of Syracuse, its agents, officers and employees thereof from all claims, suits or actions of every name or description brought against the City, its officers, employees or agents for or on account of bodily injuries, including death or damages to property, received or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein. This indemnity shall survive the expiration and/or termination of this license.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
NOTARY