



**REQUIREMENTS AND APPLICATION FOR  
TRANSPORTATION PERMIT  
ON COUNTY HIGHWAY RIGHT-OF-WAY**

**CHISAGO COUNTY PUBLIC WORKS DEPARTMENT**

Mailing Address: 313 North Main Street, Room 400

Center City, MN 55012

Office Address: 31325 Oasis Road

Center City, MN 55012

Main: (651) 213-8700 Fax: (651) 213-8772

Email: [Scott.Johnson@chisagocounty.us](mailto:Scott.Johnson@chisagocounty.us) Phone: (651) 213-8705

Joe Triplett, P.E.  
Director | County Engineer

Ben Hobert, P.E.  
Assistant County Engineer

Paul Gibson, L.S.  
County Surveyor

Bruce Lind  
Maintenance Superintendent

Ben Utech  
Traffic Operations Manager

Barbara Shimmon  
Finance | Office Manager

1. Chisago County follows the Minnesota Department of Transportation (MnDOT) Oversize/Overweight Specifications and [General Provisions](#) on all of our County Highways. Visit [MnDOT's website](#) for additional information.
2. A Transportation Permit is needed whenever any of the legal maximum dimensions or weights are exceeded. See [MnDOT's Transporting Oversize/Overweight Loads in Minnesota brochure](#) for legal dimensions and weights, and for other permit conditions applying to this Transportation Permit.
3. Payment for Transportation Permits must follow ten (10) working days from the issued permit date. Make checks payable to the "Chisago County Treasurer" and mail to the above mailing address. The fee schedule for Transportation Permits is as follows:
  - a. Annual Permits: \$200.00
  - b. Single Trip Permit: \$30.00
4. Annual permit holders must call, email, or fax the details for each movement. Provide an Annual Permit Log listing the information for each movement (annual permit number, date, load, size, County Highways traveled).
5. Movements exceeding 14' 6" width, 14' 6" height, or 16' width mobile/manufactured home require a single trip Transportation Permit for each trip.
6. All Transportation Permit holders must provide Certificate of Liability Insurance naming Chisago County Public Works as a certificate holder.
7. Provide a copy of the MnDOT Transportation Permit if the move involves state highways.
8. Temporary traffic control is required if your vehicle is stopped or parked on the county highway. Proper traffic control devices and procedures must be used. Consult the Minnesota Manual on Uniform Traffic Control Devices, Minnesota Temporary Traffic Control Field Manual, and Minnesota Flagging Handbook, if this situation arises. These documents can be found on the [MnDOT Traffic Engineering website](#).
9. Please contact Scott Johnson at [Scott.Johnson@chisagocounty.us](mailto:Scott.Johnson@chisagocounty.us) or (651) 213-8705 with any questions.



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**CHECK ONE BOX BELOW**

- |   |   |
|---|---|
| <input type="checkbox"/> Single Trip Permit Application | <input type="checkbox"/> Move under Existing Annual Permit #: _____ |
| <input type="checkbox"/> New Annual Permit Application  | <input type="checkbox"/> Renewal of Annual Permit #: _____          |

**SECTION A**

Applicant Name:	Address:	
	Telephone:	
Owner of Towing Equipment:	Address:	
	Telephone:	
Insurance Company Covering Movement:	Coverage:	Policy No.:
Has permit been issued for movement over State Highways? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy		

**SECTION B (IF STATE PERMIT IS ATTACHED, OMIT THIS SECTION B)**

VEHICLE OR TOWING VEHICLE			TOWED VEHICLE OR TRAILED EQUIPMENT		
<input type="checkbox"/> Truck	<input type="checkbox"/> Tractor		<input type="checkbox"/> Trailer	<input type="checkbox"/> Building, Type: _____	
<input type="checkbox"/> Truck/Tractor	<input type="checkbox"/> Auto		<input type="checkbox"/> Semi-Trailer	<input type="checkbox"/> Other: _____	
Make:	License No.:	State:	Make:	License No.:	State:
OVERALL DIMENSIONS LOADED (INCLUDING TOWING VEHICLE)					
Width:	ft.	in.	Length:	ft.	in.
			Height:	ft.	in.
LOAD INFORMATION					
Equipment, Structure, Material:	Size, Model No., etc.:		Weight of Load (pounds):		

**SECTION C**

Movement From (Address):	Movement To (Address):
Entire Proposed Route (include all county highways used): _____ _____	
Movement Date(s):	Movement Hours:

**SECTION D**

I/we certify that the above information is correct. If granted this permit, I/we do hereby agree to comply with the rules, regulations, conditions, and Special Provisions which apply to this movement.	
Applicant Name:	
Applicant Email Address:	
Applicant Signature:	
Date:	