



6. **IS EXEMPTION FROM REGULATION 614 REQUIRED?** YES OR NO

---

If yes, state reason why

7. **INSURANCE:**

Name of Insurance Company:

---

Property Damage \$ \_\_\_\_\_ Public Liability \$ \_\_\_\_\_  
(Minimum Required \$2,000,000) (Minimum Required \$2,000,000)

8. **AUTHORITY APPROVALS:**

I/we have obtained the necessary approval/permits from all but not limited to the following Agencies/Departments for approval; The Burk's Falls & District Fire Department, Ontario Provincial Police, The Ministry of Transportation, Bell Canada, Hydro One, Canadian National and Pacific Railway, etc.

9. **APPLICANT DECLARATION:**

I/we understand that under the provision of subsection 110 (5) of the Highway Traffic Act, the owner, operator or mover of an oversize/overweight vehicle, load, object or structure who has obtained a permit is nevertheless responsible for all damage that may be caused to the highway, bridge(s) encroachments or railway right-of-way by reason of the driving, operating or moving of any such vehicle, load, object or structure. The applicant certifies that the information contained in this application is true and acknowledges and accepts the responsibilities imposed by law on the applicant in relation to the operations of a commercial motor vehicle under the authority of the permit(s) issued pursuant to this application. Permit is invalid if false information is given.

---

Applicant Signature

Position

Date

10. COMMENTS

TOWNSHIP USE ONLY

Information in this form is collected under the authority of Section 205 of the Highway Traffic Act and the Municipal Act, S.O. 2001, c.25. as amended and any by-laws passed pursuant thereto and is used to evaluate eligibility to obtain an Over-dimensional/Overweight Permit. Under the Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c.F.31, you have the right of access to and protection of, personal information relating to you.  
Direct enquiries to the Township of Armour, P.O. Box 533, Burk's Falls, ON, P0A 1C0. (705) 382-3332