

Maryland State Highway Hauling Permit Route Survey

Date of Survey			Application Number		
Survey Company			Permittee		
Approx Date of Move			Load Description		
Gross Weight of Move		lbs	Length		ft
Number of Axles			Width		ft
Height Pole Set to		ft		in	
			Height		ft
Moving from					
Moving to					
Full Route Driven	Lane of Travel/Instructions				

Work/Construction Zones Awareness

Rail Crossings

Traffic Volume Considerations(time of day)

Surveyor (Name/Company) _____

Surveyor/Pilotcar Certification# _____

By signing this, you certify that this route survey was physically driven in the exact lane(s) intended for travel by the load referenced above. All overhead clearances, roadway conditions, obstructions, structures and safety considerations have been accurately documented. The information in this report is true and complete.

Surveyors Phone Number/Email _____

Surveyors Signature _____ Date _____