ANNUAL PERMIT APPLICATION
FOR 16’ MOBILE/MODULAR HOMES

PF-27

PHONE: 1-888-574-6683 // FAX: 919-662-4318
NCDOT OSOW Permit Unit
750 N. Greenfield Pkwy.
Garner, NC 27529

Date: ________________

Permit Agency (if applicable)

(Permit Agency Name) ___________________ (Requested By) ___________________ (Telephone Number) ___________________

Company Information

(Registered Owner / Lessee) ___________________ (Requested By) ___________________ (Telephone Number) ___________________

(Mailing Address) ___________________ (City) ___________________ (State) ___________________ (Zip) ___________________

(Email Address) ___________________ (Fax Number) ___________________

Power Unit / Vehicle Information

Power Unit License #: ________________ State: _______ Last 5 digits of VIN: ________________ USDOT#: ________________

List additional vehicles (License # / State / Last 5 digits of VIN) on a separate sheet.

Include a copy of current registration card(s) with application.

Interstate Commerce/ICC or Dealer # required if permitted vehicle travels across state lines: ________________

Load Information

Maximum of 3” roof overhang / gutter edge

16’ wide mobile/modular homes applications must include form PF-27A. Up to 30 routes may be requested.

16’ wide mobile/modular home applications will travel and/or delivery on primary routes with restrictions as indicated on the North Carolina Truck Network map and all secondary routes located west of Cleveland, Lincoln, Catawba, Iredell, Davie, Forsyth and Rockingham counties must include a Route Survey Form (PF-16A) from both the transporter and the certified escort driver.

Length is limited to a maximum of 105’. Single trip permit is required for movement of all units in excess of 13’ 6” in height.

Weight Information

Registered License Weight: ________________ Gross Weight: ________________ Total No. Axles of Combination: ______

Payment Information - $200 per vehicle

☐ Company Check / Cashier’s Check / Money Order payable to NCDOT (NO PERSONAL CHECKS OR CASH) ________________

☐ Credit Card ($4.00 authorization fee) ___________________ Expiration Date: ________________
Origin Manufacturer Name: 

Street Address: ____________________________  City: __________________ State: _______ Zip: ________

Dealer Name: ____________________________  Dealer Location: ____________________________
Specific Route of Travel: ____________________________

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I, _______________________________________ certify that the below route of travel over which a 16 foot wide mobile/modular home is to be transported has been physically surveyed and will allow for the safe passage of the mobile/modular home combination, taking into account the overall dimensions, the highway alignments and other obstacles along the roadway.

Home Serial Number: ______________________________ Number of Sections: __________

Home dimensions: Length: ______________ Height: __________

Origin Address: __________________________________________________________________________

Destination Address: ______________________________________________________________________

Route: ___________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

I understand that the Department of Transportation has the authority to suspend the permittee’s privilege to obtain permits and the escort vehicle operator’s certification if company/person is found performing duties, at the time of movement, in a manner to cause an accident, personal injury, or damage to property or if the unit becomes a major impedance to traffic due to conditions that should have been known by the transporter and/or escort drivers.

____________________________________ ______________________________________
(Print Name) (Signature)

____________________________________ ______________________________________
(Company/Title) (Date)

____________________________________
(Notary Print Name)

____________________________________
(Notary Signature)

My Commission Expires: ___________________________