DODGE COUNTY MOVING PERMIT
Agenda Item # 21 a
Date $\frac{7}{29}/20$
This is to advise you, Bornhart Crane that your Permit Application Number has been approved to move
Alf-propilled croine over the routes indicated on your attached map on $\frac{7-22}{7/25}$, $\frac{20}{20}$.
Dodge County Highway Superintendent
Dodge County Highway Superintendent By Ollu Qudreus 7- 21- 2020

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From:402 731 1116

07/21/2020 10:55

#722 P.001

06-2012 08:36 From:DODGE CO HYWAY DEPT 402 727 2723

To:402 731 1116

P.2/2

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

			1-	1
Number	(21	01	

THAT, The Applicant, Barnhart Crane	,applies to move a
16755 Self Propelled Crane	over the
Public Right-of-Way in Dodge County, Nebraska on 7/22-	7/25
20_20 over the following route per attached map.	

- 2. THAT, the Applicant does hereby agree to hold the County of Dodge, Officers, Agents, or Employees forever harmless from any and all liabilities resulting from said move.
- 3. THAT, the Applicant shall provide all barricades, flags, flag people, vehicles, and warning lights necessary for adequate warning to other road users.
- 4. THAT, the Applicant hereby submits a Certified Check in the amount of \$500.00 made payable to the Dodge County Highway Department, which shall become the property of Dodge County as liquidated damages, if any signs, bridges, or any other county or township property is damaged, as well as tree trimmings, moving blocks, and any other tools that are left remaining in Dodge County's Right-of-Way. The Check will be returned after 5 days from the date of permit application if all of the above requirements are met.
- 5. THAT, the Applicant shall submit an Insurance Certificate with this application verifying General Liability of \$1,000,000.00: Personal Injury of \$500,000.00: Medical Expense (Any one person) of \$5,000.00: Each Occurrence of \$500,000.00.

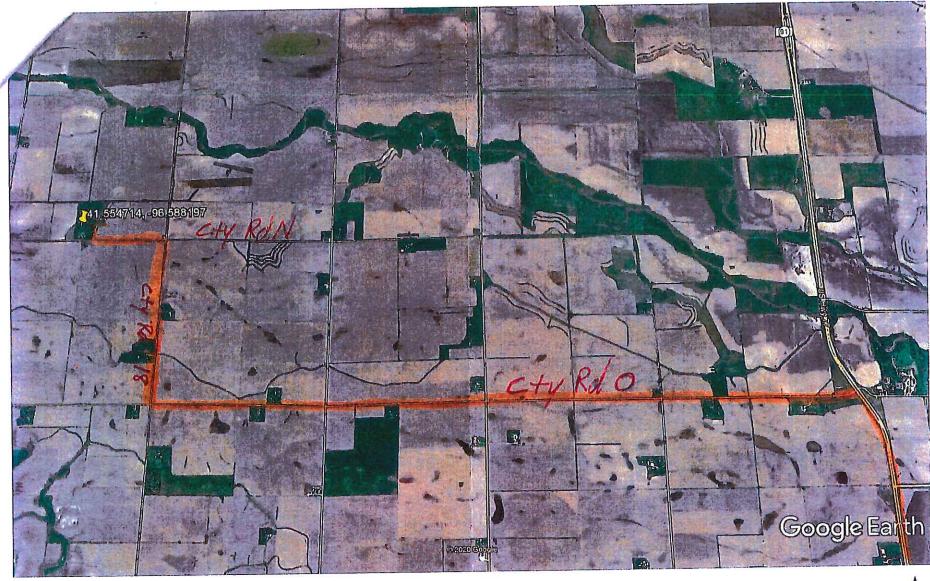
Signature of Applicant

5910 S 27th St Omaha, Ne 68107

Applicant's Address

Date Filed with Dodge County Board of Supervisors

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