## **HIGH LOAD PERMIT APPLICATION**



Application form on next page.

A High Load Permit is required to be completed for all loads travelling through the network that will exceed 4.25m in overall height. This requirement ensures the safety of your travel plans and routes with regard to overhead power lines.

Some loads will require an escort from The Lines Company field staff and may require power to be disconnected to customers. To initiate the process, you must submit your application and a linked Google Map route at least 10 working days before the intended moving date. This will allow our team sufficient time to assess the requirements of the application. Once the application has been processed, a permit can be issued along with any specific conditions.

If the existing overhead power supply needs to be turned off to facilitate the passage of the high load, a minimum notification period of 20 days is required, allowing affected customers to be notified in advance. Due to these circumstances, the moving date may be pushed out to include the required 20-day notice.

Applicants will be responsible for the costs associated with the review of the nominated route. The customer is also liable for any charges associated with The Lines Company field staff site attendance on the day of the high load journey to escort the load.

Any damages to The Lines Company network, regardless of the permit will be chargeable to the removal company listed.

## **HIGH LOAD PERMIT APPLICATION**



Removal Company						
Address:						
Contact Person:						
Phone:				Mobile:		
Email:				Fax:		
Insurance Company:						
Description of Load:						
		1 Section	Other:			
		2 Section				
Overall height of load		<u>i</u>				
(including vehicle)						
Load Moving:	From:					
	To:					
	10.					
Departure Date:		.i		Departure Time	e:	
Route & Time Schedule:				<u>i</u>		
Escort Required?		Yes		lo		
Name of Person Submitting Form:						
-	-					
Office Use Only	Tele	phone: 0800	367 328 /	faults@thelines.c	o.nz	
High Load Permit No:						
Details:						
Approved By:				Signed:		
Date:				ii		
Estimated Cost:				Job No:		