

SINGLE TRIP PERMIT APPLICATION

To transport a nondivisible load exceeding statutory size and/or weight on County Trunk Highways within Dunn County s.348.26(2),(3) Wis. Stats.



PERMIT FEE - \$20.00

Mail/Fax/Email to: Dunn County Public Works
 Highway Division
 3303 Highway 12 East
 Menomonie, WI 54751
 Phone: 715-232-2181
 Fax: 715-232-3888
 Email: hwy@co.dunn.wi.us

APPLICANT – Owner or lessee of vehicle

| | |
|--|------------------------|
| Name | Insurance Company |
| Address | Address |
| City State Zip Code | City State Zip Code |
| Area Code/Telephone Number | Policy Number |
| LOAD – Transported | Policy Expiration Date |
| Date Hauling Load | |
| Permit Requested For: <input type="checkbox"/> Overlength <input type="checkbox"/> Overwidth <input type="checkbox"/> Overheight <input type="checkbox"/> Weight | |

VEHICLE INFORMATION

| | | | | |
|---------------------------------------|--|--------------------------------------|--------------------------------|---------------------------|
| Towing Vehicle | | Towed Vehicle | | |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Truck-Tractor | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Semi-trailer | <input type="checkbox"/> Full Trailer | <input type="checkbox"/> Dollies | <input type="checkbox"/> Other | |
| Make | No. Axles | Make | No. Axles | |
| License or VIN | State | License or VIN | State | |
| Size | Towing Vehicle | Towed Vehicle | Load | Overall Dimensions |
| Length | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches |
| Width | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches |
| Height | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches | _____ ft. _____ inches |

WEIGHT & AXLE SPACING

| | | | | | | | | | |
|---|-----------|---|---|---|---|---|---|---|---|
| Weight: (Load Only) | | | | Gross Weight: (Vehicle & Load) | | | | | |
| Axel Number | 1 (front) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Number of Pneumatic tires | | | | | | | | | |
| Requested Gross Axle Weight When Loaded (lbs) | | | | | | | | | |
| Spacing Between Axles | | | | | | | | | |

TRIP INFORMATION

| | | |
|--------------------------|-----------------------------|---------------------------|
| Route Loaded Trip | From (City, Village, Town.) | To (City, Village, Town.) |
| Route: (Highways) | | |
| Return Trip | From (City, Village, Town.) | To (City, Village, Town.) |
| Route: (Highways) | | |

ACCEPTANCE OF CONDITIONS

I, the applicant, certify that the statements contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions that apply, including all conditions which apply in Trans 252 & 254 of the WisDOT Administrative Codes.

 Applicant Signature

 Date

PERMIT APPROVAL

 Highway Commissioner or Designee

 Date

Permit No: _____

Permit Effective Date _____

Permit Expiration Date _____