



APPLICATION FOR OVERWEIGHT AND/OR OVER DIMENSION PERMIT

Company Applicant Name: _____

Company Address: _____

City/State/Zip _____

Person Responsible for Movement _____

Telephone # _____ Email Address _____

Bond attached (check Y or N) Y__ N__

Bond or on file (check Y or N) Y__ N__

DESCRIPTION OF VEHICLE AND LOAD

Object to be transported: _____

Overall Width _____ Overall Length _____ Overall Height _____

Make of Truck/Tractor _____ License # _____ State: _____

Make of Trailer/Semitrailer _____ License # _____ State: _____

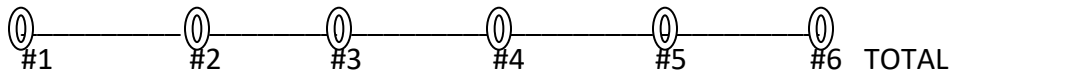
Overweight Loads	
Axle Number	Gross Weight Each Axle
1	
2	
3	
4	
5	
6	

TOTAL GROSS WEIGHT: _____

(Vehicle and Load)

Distance Center to Center between Axles (FILL IN)

Axles:



MOVEMENT DESIRED

Origin of Movement (address) _____

Destination of Movement (address) _____

Route to be traveled within Grandview City Limits:

Date of Movement within Grandview: _____

Signature of Responsible Party _____ Date: _____

Approved By: _____ Date: _____