

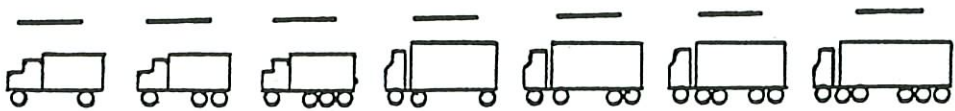
APPLICATION FOR PERMIT TO MOVE LOADS ON RESTRICTED HIGHWAYS

Redwood County Highway Department
635 W. Bridge St., PO Box 6, Redwood Falls, MN 56283
507-637-4056 (FAX 507-637-4068)

Permission is hereby requested to move the following described vehicle or combination of vehicles of size or weight of vehicle or load exceeding Posted Load Limits on County State Aid Highways.

VEHICLE AND LOAD INFORMATION

Check Type:

Trucks:  Other: Trailed Equip. ? (Describe)

Make: _____, Model: _____, Width: _____

License No. _____, State _____, Object or Mat'l Hauled _____

Licensed G.V.W. _____ lbs. Total Actual Weight (Vehicle & Load) _____ lbs.

Weight per Axle A _____ D _____

(lbs) B _____ E _____ (Axles Are A,B,C,D etc. from Front to Rear)

C _____ F _____

Movement to be from _____ To _____
Road or City Road or City

Via County State Aid Highway No. _____

Movement to be During Dates of _____, 2 _____

Hours of Day _____ AM or PM

If granted this permit I (We) agree to terms as outlined by State Law and County Resolution as listed below:

1. Vehicle shall not exceed a speed of 45 M.P.H.
2. The load shall not exceed the axle weight on the permit below.
3. Applicant is hereby made aware that the County Sheriff is authorized to weigh the vehicle on County owned scales or furnish a scale ticket from an approved scale.
4. Applicant shall take all necessary and reasonable precautions to minimize damage to County Roads.

Owner of Equipment _____ Address _____
Phone No. _____

Date: _____ Authorized Signature _____

PERMIT

Permission for this movement is hereby granted to: _____
subject to compliance with the above provisions and to be valid only on above dates and hours.

This Vehicle Shall Not Exceed a Load Limit of: PER SINGLE AXLE _____ lbs.
PER TANDEM AXLE _____ lbs.
PER TRIDEN TAXLE _____ lbs.

Date _____ County Engineer _____

THIS PERMIT TO BE CARRIED ON VEHICLE DURING THE ABOVE MENTIONED MOVEMENT