



APPLICATION FOR OVERSIZED/WEIGHT VEHICLE PERMIT

TOWN OF STONEWOOD

APPLICANT: _____ PHONE: _____

ADDRESS: _____

DATED REQUESTED FOR MOVEMENT OF VEHICLE/EQUIPMENT: _____

TYPE OF VEHICLE/EQUIPMENT FOR WHICH PERMIT IS REQUESTED: _____

DESCRIPTION OF VEHICLE/EQUIPMENT:

WIDTH: _____ HEIGHT: _____ LENGTH: _____

WEIGHT: _____ TONS

LOCATION OF CONSTRUCTION SITE: _____

PROPOSED ROUTE OF ENTRANCE: _____

SIGNATURE OF APPLICANT

DATE

IN ACCORDANCE WITH SECTION 30-565 OF THE CODIFIED ORDINANCES OF THE TOWN OF STONEWOOD,
THE ABOVE NAME APPLICANT REQUESTS PERMISSION FROM THE CHIEF OF POLICE TO MOVE THE
ABOVE SPECIFIED VEHICLE/EQUIPMENT UPON LOCAL STREETS.

APPROVED BY: _____

DATE: _____