



OVERWEIGHT/SIZE PERMIT

Name: _____

Address: _____

City _____ State _____

Phone: _____ Fax _____ email _____

Description of object or vehicle to be moved:

No. of axles: _____ Axle Weights: (beginning with front axle) _____

Gross weight: _____ Width: _____ Length: _____ Height: _____

Route starting and ending point. Date:

License plate: _____

Office use only.

Effective date: Expiration date:

Approved by: _____

Dennis Heimbrodt/Director of Public Works

This document must be carried in the vehicle. Contact Public Works at 847-395-1881 with any questions.