

# Single Trip Permit Application | Statutory Size and/or weight

*This permit is ONLY valid for The Village of Weston roads listed below*

5500 Schofield Avenue | Weston, WI 54476  
(p) 715-359-6114 | (f) 715-359-6117

## Applicant (Owner or lessor of vehicle)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**THIS PERMIT MUST ACCOMPANY THE  
OVERWEIGHT / OVERSIZE  
VEHICLE OPERATOR AT ALL TIMES.**

## Load Information

Article(s) Transported: \_\_\_\_\_  
Weight of Article(s): \_\_\_\_\_ lbs / tons  
Weight of Vehicle & Article: \_\_\_\_\_ lbs / tons

## Required Insurance Information

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## Vehicle Type and Trailer Type

Truck  Truck-Trailer  
 Towing Vehicle  Other

## Towed Vehicle/Trailer

Semi-Trailer: \_\_\_\_\_  
Other Trailer: \_\_\_\_\_  
Trailer with Dollies: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
No. Axles Make: \_\_\_\_\_  
License/Serial No. \_\_\_\_\_  
State: \_\_\_\_\_  
Empty Wgt.: \_\_\_\_\_

Make: \_\_\_\_\_  
Total No. Axles: \_\_\_\_\_  
License/Serial No. \_\_\_\_\_  
State: \_\_\_\_\_  
Empty Wgt.: \_\_\_\_\_  
Loaded Wgt.: \_\_\_\_\_

## Permit Requested for

Over Weight \_\_\_\_\_ Over Width (non ag. 8' - 6" max) \_\_\_\_\_  
Over Length \_\_\_\_\_ Over Height (non ag. 8'-6" max.) \_\_\_\_\_  
Seasonal Weight Limits \_\_\_\_\_ Requested Weight \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Oversized Permit \_\_\_\_\_ Fee \_\_\_\_\_

Overweight Permit \_\_\_\_\_ Fee \_\_\_\_\_



## Trip Information (Starting Point - Loaded Route - Ending Point & Total Miles)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Check all that are applicable

- Contact County Highway Department prior to exceeding any legal bridge postings or road limited on County Trunk Highways.
- Red flags all corners oversized load.  
(this permit must be carried in truck).
- Sheriff's Department/Police escort front & rear.
- Contact Sheriff's Department/Everest Metro Police Department
- Private escort front & rear.
- Non-peak traffic hours.

Acceptance of conditions: I, the applicant or authorized agent, certify that the statement contained in the application are true and correct, and if I granted a permit, I will comply with all terms and conditions that apply.

Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_