

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

*This permit is **ONLY** valid for the village of weston roads listed below*

4747 CAMP PHILLIPS RD | 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 \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Total No. Axles \_\_\_\_\_  
License/Serial No. \_\_\_\_\_  
State: \_\_\_\_\_  
Empty Wgt.: \_\_\_\_\_  
Loaded Wgt.: \_\_\_\_\_

### Towed Vehicle/Trailer

Semi-Trailer \_\_\_\_\_  
Other Trailer \_\_\_\_\_  
Trailer with Dollies \_\_\_\_\_  
Trailer Length \_\_\_\_\_  
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. 13'-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 limits 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: \_\_\_\_\_

Contact County Highway Department at 715-261-1800 48 hours prior to exceeding any legal bridge postings on County, Village and/or Township Bridges.