TIME TO THE PARTY OF THE PARTY

SINGLE TRIP PERMIT

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184 http://www.cityoflacrosse.org engineering@cityoflacrosse.org

Permit No:							
Fee Paid Date:							

Revised October, 2015

Invoice No.: Permit No.:

200000	0000												
		Name:											
OWNER		Address:											
Z								Zip Code:					
6		City: State: Phone: Cell:					Fax: Email:			ue.			
		Thomas Cell.					Tux.	Fax. Elliali:					
삟		Insurance Company:											
INSURANCE		Address:		A									
SUR		City: Sta				State:				Zip Code:			
Z	Policy #:					Policy Expiration Date:							
	ſ	Load (Arti	icle Transported)				Desired	Effective Da	te of	Permit Pe	aguested Fo	or:	
		Load (Article Transported):					Desired Effective Date of Permit:		ite oi	Permit Requested For: Overlength Overwidth			
							1			Overheight Weight			
		Towing Ve	ehicle: Truck-Tract	or			Make:	Make:			Vehicle ID No.:		
		Other					No. Axle	No. Axles:			State Issued:		
		Towed Ve		,			Make:	Make:			Vehicle ID No.:		
5		Other	Trailer 🗌 Full T	raller	☐ Dollies	5		No. Axles:			State Issued:		
PROJECT		Length:	ftin	NA/S	dth:	ft in					Control of States and the Miles		
8	3.772							Height:ftin h additional forms showing the			Load Weight:		
	į	nformation	on those vehicles.								Gross Weight:		
			Axles (front to Pneumation		1	2	3	4	5	6	7	8	
		Gross Axl	e Weight, Loade					-					
			Spacing Between										
		Trip Information											
	From Address: To Address:												
	10 V	Via Highways:											
	(Overside L						ding					
		\$25.00 - More than 3 business days notice \$50.00 - 2-3 business days notice \$100.00 - Less than 2 business days notice						\$100.00 - Less than 750 square feet \$200.00 - Greater than 750 square feet					
	4												
	r	Move Time and Cancellations: The approved time for moving oversize loads in the City of La Crosse is 4:00 A.M. in the morning of the											
Z	6	effective permit date. If extenuating circumstances require an alternate time, special approval must be made by the City Traffic Engineer or other designee of the Board of Public Works. In the event of cancellation, Applicant shall be responsible for confirming cancellation with La											
ATION		Crosse Poli	ce Department via	the non	-emergency								
A 1800	C	charges billed for expenditure of resources. Note: Permits issued by the Wisconsin Department of Transportation are for movements on the state trunk highway system only; permits											
S	is	issued by the County Highway Commissioners are for movements on county trunk highways in their respective counties only; and permits											
INFOR		issued by the municipal officers in charge of maintenance are for movements on highways and streets in their respective jurisdictions only. This form is for transportation of a non-divisible load exceeding statutory size and/or weight. This form may be used for moving "Buildings"											
	((per Statutes), but is subject to additional Ordiances. This form may NOT be used for permitting mobile homes and/or modular building											
	100	sections. Note: Once invoiced, application fees may not be refunded. Details of permit, including dates, may be modified with approval of the											
	E	Engineering	Department.										
T 11						0 2010 20							
		applicant, nditions.	ceritify that the	stateme	ents contai	ined in the a	pplication	are true and	correct, a	nd I will con	nply with al	I terms]	
arra		naicions.											
SIGN	TAV	TURE (APP	PLICANT / AUTHOR	RIZED R	EP.)		TITLE				DATE		
SIGNATURE (APPLICANT / AUTHORIZED REP.) TITLE Approved for movement on highways under indicated jurisdiction:													
			g	,									
UNIT	ΓΟ	F GOVER	VMENT				TITLE						
	. •												
SIGN	ΙΔΊ	TURE	State of the state								DATE		
0.01	4/7												