

OVERSIZE/OVERWEIGHT OR BUILDING MOVING PERMIT APPLICATION

POLK COUNTY HIGHWAY DEPARTMENT

Pursuant to Section 348.26 and 348.27 Wis. Stats.

Email application to hwyinfo@co.polk.wi.us

900 Pheasant Lane, P.O. Box 248

Balsam Lake, WI 54810

Phone: 715-485-8700

Fax: 715-485-8702

 Single Trip \$30.00
 Multiple Trip \$110.00
 Building Moving \$50.00
APPLICANT - Owner or Lessee of Vehicle

Business Name	Telephone Number
Address	Fax Number
City/State/Zip Code	Owner of Load
Motor Carrier Operating Authority No.	Load Description

VEHICLE
 Truck with any Trailer
 Truck Tractor w/Semi Trailer
 Truck without Trailer
 Other

VEHICLE	VEHICLE PLATE	STATE	VEHICLE IDENTIFICATION NO. (VIN)	YEAR	MAKE	AXLES
Power Unit						
Towed Vehicle						

SIZE - Overall Permit Size(s) and Weight for Vehicle with Load

LENGTH	WIDTH	HEIGHT	WEIGHT

AXLE WEIGHT/SPACING (Tires by axle, front to rear)

Axle Number	1(Front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires Per Axle									
Maximum Gross Weight Per Axle									
Spacing Between Axles (Ft. In.)									

TRIP INFORMATION - Applicant to provide maps

Route Loaded Trip From (Describe exactly) - Include address, if known	
To (Describe exactly) - Include address, if known.	
Highways/Route	Hours on Road
Desired Effective Date	Total Miles

SHERIFF ESCORT - It is the responsibility of applicant /mover to request escorts, if required.**INSURANCE**

Company	Policy No.
Address	Expiration Date

 Applicant attests the insurance coverage is in full force and effect and that all drivers are properly licensed.
ACCEPTANCE OF CONDITIONS

I, the applicant, hereby certify that the statements contained in the application are true and correct, that I have read and understand the conditions attached to this form, and, if granted a permit, I will comply with all terms and conditions which apply. Issuance of this permit by the Polk County Highway Commission does not relieve the applicant of the responsibility to obtain all necessary permits from the Wisconsin Department of Transportation and other municipalities having jurisdiction over this route or the destination.

Signature of Applicant or Authorized Agent

Print Name

Date

FOR HIGHWAY OFFICE USE ONLY

The above application for movement on Polk County highways is approved with any additional conditions as listed below:

Permit No.	Effective Date	Expiration Date
Additional Conditions		