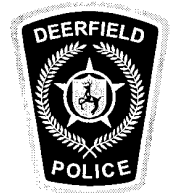


VILLAGE OF DEERFIELD
 850 WAUKEGAN RD. DEERFIELD, IL 60015
 (847) 945-8636
 FAX (847) 945-4180



OVERSIZE/WEIGHT VEHICLE PERMIT APPLICATION

| | | | |
|-----------------------------------------------|---------------|----------------------------------------------------------|-------|
| DATE: | | | |
| PERMITEE (OWNER OR LESSEE OF VEH.) | | | |
| APPLICANT'S NAME: (COMPANY AND PERSON) | | APPLICANT'S ADDRESS: | |
| FAX #: () | | TYPE OF PERMIT: _____ SINGLE TRIP _____ ROUND TRIP | |
| TELEPHONE #: () | | | |
| POWER UNIT DESC. | | VEHICLE LICENSE NO. | |
| DESCRIPTION OF OBJECT OR VEHICLE TO BE MOVED: | | | |
| NUMBER OF AXLES: | GROSS WEIGHT: | AXLE WEIGHT (START W/ STEER AXLE): | |
| WIDTH: | LENGTH: | HEIGHT: | FROM: |
| OVER ROUTES: | | | |
| TO: (SPECIFIC DESTINATION) | | STATE/COUNTY PERMIT #'S | |

↓ VILLAGE USE ONLY VILLAGE OF DEERFIELD PERMIT VILLAGE USE ONLY ↓

| | | | |
|-----------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| DATE: | PERMIT NUMBER: | AUTHORIZED MOVEMENT AS DESCRIBED ABOVE W/ FOLLOWING EXCEPTIONS | |
| GROSS WEIGHT: | AXLE WEIGHTS: | FRONT TANDEM (OR AXLE) _____ | NO AXLE EXCEEDS _____ |
| | LEGAL REAR TANDEM (OR AXLE) _____ | NO AXLE EXCEEDS _____ | |
| WIDTH: | LENGTH: | HEIGHT: | FROM: |
| OVER ROUTES: | | | |
| TO: | EFFECTIVE: | EXPIRES: | FEE: |
| PERMITEE MUST COMPLY WITH GENERAL PROVISION ON BACK AND SPECIAL PROVISION NUMBERS | | | |
| FOR POLICE USE ONLY: (COMMENTS) | | | |
| FOR VERIFICATION OF PERMIT, CALL ONE OF ABOVE NO. | | <i>THIS PERMIT MUST BE CARRIED IN THE VEHICLE AND MUST BE AVAILABLE FOR INSPECTION BY POLICE OR VILLAGE OFFICIAL IF YOU FIND THIS PERMIT DOES NOT COVER THE MOVE, THE PERMITEE MUST CONTACT THE POLICE DEPT. AND HAVE THE PERMIT CORRECTED PRIOR TO STARTING THE MOVE.</i> | |
| CHECKED BY: OFFICER _____ | | | |
| AGENCY: _____ | | | |
| DATE: _____ | | | |
| REMARKS: _____ | | | |
| | | AUTHORIZED SIGNATURE: _____ | |