

**SINGLE TRIP
APPLICATION AND PERMIT
TO TRANSPORT OVERWEIGHT NON-DIVISIBLE
LOADS ON MONROE COUNTY HIGHWAYS
(MAY NOT EXCEED POSTED BRIDGE LIMITS)**

**MONROE COUNTY HIGHWAY DEPARTMENT
803 WASHINGTON STREET
SPARTA, WISCONSIN 54656
TELE (608) 269 - 8740 / FAX (608) 269 - 8831
highways@co.monroe.wi.us**

SECTION A - APPLICANT INFORMATION

APPLICANT NAME	OFFICE TELEPHONE NUMBER	E-MAIL ADDRESS
COMPANY NAME	MOBILE TELEPHONE NUMBER	FACSIMILE NUMBER
APPLICANT MAILING ADDRESS		
DESIRED DATE OF MOVE	DESIRED ROUTE - COUNTY HIGHWAY(S)	
DESCRIPTION OF LOAD	ORIGIN	DESTINATION

SECTION B - INSURANCE (APPLICANT HAS SUFFICIENT INSURANCE COVERAGE IN FULL FORCE & EFFECT)

<input type="checkbox"/> GROUP A - COMBINED SINGLE LIMIT \$750,000.00	<input type="checkbox"/> GROUP B - COMBINED SINGLE LIMIT \$1,000,000.00
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SECTION C - POWER UNIT

UNIT NUMBER	PLATE NUMBER	STATE	# OF AXLES	<input type="checkbox"/> TRUCK
				<input type="checkbox"/> TRUCK-TRACTOR
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER		

SECTION D - TOWED VEHICLE

UNIT NUMBER	PLATE NUMBER	STATE	# OF AXLES	<input type="checkbox"/> FLATBED
				<input type="checkbox"/> LOWBOY
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER		

SECTION E - VEHICLE DIMENSIONS (FEET & INCHES) / AXLE & VEHICLE WEIGHT

TOTAL LENGTH	TOTAL WIDTH	TOTAL HEIGHT
GROSS WEIGHTS LEGAL YES <input type="checkbox"/> (SKIP SECTION F)		NO <input type="checkbox"/> GIVE TOTAL VEHICLE WEIGHT

SECTION F - # OF TIRES / WEIGHT DISTRIBUTION / AXLE SPACING FRONT (1) TO REAR (9)

AXLE #	1	2	3	4	5	6	7	8	9
# PNEUMATIC TIRES									
LOADED AXLE WEIGHT									
SPACING BETWEEN AXLES (FEET & INCHES)									

BY SUBMITTING THIS APPLICATION AND ACCEPTING THIS PERMIT, APPLICANT ATTESTS THAT THEY HAVE READ AND UNDERSTAND THE MONROE COUNTY POLICY ON VEHICLE WEIGHT RESTRICTIONS & PERMITS. APPLICANT AGREES TO COMPLY WITH ALL PERMIT TERMS AND PROVISIONS AS WELL AS ALL RELEVANT STATUTES, CODES, RULES, REGULATIONS AND REQUIREMENTS. ANY ALTERATION OF THIS FORM IS PROHIBITED.

I (APPLICANT OR PERMIT HOLDER) AGREE THAT I WILL OPERATE WITHIN THE LIMITS OF THIS PERMIT, AND FURTHER AGREE THAT I AM RESPONSIBLE FOR ANY AND ALL DAMAGE TO PUBLIC HIGHWAYS OCCURING THROUGH USE OF THIS PERMIT, INCLUDING CASH REIMBURSEMENT TO THE MONROE COUNTY HIGHWAY DEPARTMENT FOR REPAIRS OR EXTRAORDINARY MAINTENANCE PERFORMED BY THE DEPARTMENT.

(SIGNATURE OF APPLICANT) (TITLE) (DATE)

FOR HIGHWAY DEPARTMENT USE ONLY

_____ (AUTHORIZED SIGNATURE)	_____ (TITLE)	_____ (DATE)
PERMIT NUMBER	FEE RECEIVED \$	

COPY OF PERMIT MUST BE KEPT IN CAB