

**ANNUAL MULTIPLE TRIP
APPLICATION AND PERMIT
TO TRANSPORT OVERWEIGHT
NON-DIVISIBLE MACHINERY & EQUIPMENT
ON MONROE COUNTY 40-TON HIGHWAYS**

**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		

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 - PERMIT TERMS & CONDITIONS

DESIRED ROUTE - COUNTY HIGHWAY(S) VALID ON ALL MONROE COUNTY 40-TON POSTED HIGHWAYS	
DESCRIPTION OF LOAD NON-DIVISIBLE MACHINERY OR EQUIPMENT	
MAXIMUM TOTAL WEIGHT PERMITTED 120,000 POUNDS	MAXIMUM AXLE WEIGHT LIMITATION 20,000 POUNDS
ROUTE LIMITATIONS PERMIT SUSPENDED DURING SEASONAL WEIGHT RESTRICTIONS MAY NOT EXCEED POSTED BRIDGE LIMITS PERMIT IS FOR OVERWEIGHT ONLY NOT OVERSIZE	

SECTION D - POWER UNIT

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

SECTION E - TOWED VEHICLE

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

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 OCCURRING 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 EXPIRES	PERMIT NUMBER	FEE RECEIVED \$

COPY OF PERMIT MUST BE KEPT IN CAB