

**APPLICATION AND PERMIT
FOR HAULING OVERWEIGHT LOADS ON
MONROE COUNTY HIGHWAYS
DURING SEASONAL WEIGHT RESTRICTIONS**
PURSUANT TO WISCONSIN STATUTE § 349.16

**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 NAME	HOME TELEPHONE NUMBER	E-MAIL ADDRESS
COMPANY NAME	MOBILE TELEPHONE NUMBER	FACSIMILE
APPLICANT MAILING ADDRESS		
DESIRED DATE OF MOVE	DESIRED ROUTE - COUNTY HIGHWAY(S)	
PERMIT PURPOSE / JUSTIFICATION		

SECTION B - CHECK ONLY ONE. COMPLETE SEPARATE APPLICATION FOR EACH PERMIT TYPE

<input type="checkbox"/> INDUSTRIAL EQUIPMENT, MACHINERY OR MATERIALS	<input type="checkbox"/> AGRICULTURAL PRODUCTS (EXPORT TO MARKET)
<input type="checkbox"/> HIGHWAY CONSTRUCTION EQUIPMENT OR MATERIALS	<input type="checkbox"/> FARM / ANIMAL HEALTH SUPPLIES OR MATERIALS
<input type="checkbox"/> OTHER (PLEASE SPECIFY)	

SECTION C - PERMIT PROVISIONS (CHECK ALL THAT APPLY)

<input type="checkbox"/> EMPTY VEHICLE WEIGHT	<input type="checkbox"/> ¼ LOAD	<input type="checkbox"/> ½ LOAD	<input type="checkbox"/> ¾ LOAD	<input type="checkbox"/> FULL LOAD
<input type="checkbox"/> SINGLE TRIP	<input type="checkbox"/> MULTIPLE TRIP	<input type="checkbox"/> OTHER		

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				
PERMIT VALID ONLY DURING		PERMITTED HOURS		FINANCIAL GUARANTEE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$
FROM	TO	FROM	TO	
SPECIAL PROVISIONS				
_____ (AUTHORIZED SIGNATURE)		_____ (TITLE)		_____ (DATE)
PERMIT NUMBER			FEE RECEIVED \$	

COPY OF PERMIT MUST BE KEPT IN CAB