

Single Trip Application/Permit

This permit is required for any over-dimension or overweight item transported within the City limits of Green Bay, even if another permit (e.g., State permit) has already been issued.



City of Green Bay
 Department of Public Works
 100 N. Jefferson Street - Rm. 300
 Green Bay, WI 54301
 (920) 448-3100
 (920) 448-3102 (fax)

This permit is required by State Statute 348.26 and City Ordinance 15.66.

Applicant Name - Vehicle Owner or Lessee			Date of Move		
Address			Insurance Company		
City	State	Zip Code	Address		
Area Code/Telephone Number			City	State	Zip Code
LOAD - Article(s) Transported			Policy Number		Policy Expiration Date

<u>Towing Vehicle</u>		Permit Requested for							
<input type="checkbox"/> Truck <input type="checkbox"/> Truck-tractor <input type="checkbox"/> Other _____		<input type="checkbox"/> Overlength <input type="checkbox"/> Overwidth <input type="checkbox"/> Overheight <input type="checkbox"/> Overweight							
Make	No. axles	Size	Length		Width		Height		Weight
License or Vehicle Identification No.	State		Feet	Inches	Feet	Inches	Feet	Inches	Pounds
<u>Towed Vehicle - Check ALL that apply:</u>		Load							
<input type="checkbox"/> Trailer <input type="checkbox"/> Dollies <input type="checkbox"/> Other _____		Towing Vehicle							
Make	No. axles	Towed Vehicle							
License or Vehicle Identification No.	State	Overall							

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									
Axle Number	10	11	12	13	14	15	16	17	18
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									

Route Loaded Trip	Origin	Destination	Actual Route

Acceptance of Conditions : I, the applicant, certify that the statements contained in the application are true and correct, and that if granted a permit, I will comply with all terms and conditions which apply.

Special Conditions:

- Escort vehicle required
- Police escort required
- Move between the hours: _____
- No restriction on hours of move

X

 (Applicant) (Date)

 (City Agent) (Date)

Fee Paid: _____ Permit Effective Date: _____ Permit Expiration Date: _____

ORIGINAL - APPLICANT

YELLOW - DPW

PINK - GB POLICE DEPT.