

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
 Phone: (920) 448-3100
 Email: dpwmail@greenbaywi.gov

This permit is required by State Statute 348.26 and City Ordinance Sec. 9.26.5, Transport of loads exceeding statutory size or load limits.

Applicant Name - Vehicle Owner or Lessee		Date of Move	
Address		Insurance Company	
City	State	Zip Code	Address
Phone Number	Email	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: _____