

SPRING WEIGHT LIMIT PERMIT APPLICATION

Company Name _____ Contact Person _____

Address _____

City, State & Zip _____

Telephone No. _____ Fax No. _____

Email Address _____

Please fill out the following information for each truck you want included on the permit. Attach additional sheets if needed.

<u>Truck Number (if applicable)</u>	<u>Year</u>	<u>Make</u>	<u>License Number</u>
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_____	_____	_____	_____

Description of load:

Reason for permit request:

Roads to be traveled (i.e., CTH Q from STH 29 north to CTH N or all over Shawano County)

Fees:	One truck, one trip	\$100.00
	One truck, numerous trips	\$200.00
	Fleet, numerous trips	\$500.00

PLEASE MAIL PERMIT – 3035 E. Richmond St., Shawano, WI 54166

PLEASE EMAIL PERMIT – PermitsHWY@shawanocountywi.gov