



PERMIT APPLICATION
OVERWEIGHT TRUCKS & TRAILERS

APPLICANT

APPLICANT NAME: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
PHONE NUMBER: _____ EMAIL: _____

TYPE OF PERMIT REQUEST (CHECK ALL THAT APPLY)

OVER WEIGHT OVER WIDTH

VEHICLE INFORMATION

PLATE NUMBER: _____ MAKE: _____

LOAD DETAIL:

TRUCK & TRAILER TRUCK

LOAD DESCRIPTION: _____

CONFIGURATION DETAIL

NO. OF AXLES	NO. OF WHEELS	GVW WEIGHT (KG)

ROUTE:

ORIGIN: _____

DESTINATION: _____

FOR OFFICE USE:

DATE: _____ APPROVED: DENIED:

RESTRICTIONS: WEIGHT RESTRICTIONS ON TOWN PORTION OF OLD NUMBER 4 HIGHWAY (GRID 656) IS
10,000 KG.

APPROVED BY: _____ WORKS MANAGER
NAME (PRINT) NAME (SIGNATURE) TITLE

THIS PERMIT APPLICATION EXPIRES 30 DAYS AFTER IT HAS BEEN ACCEPTED AND COMPLETED
THE TOWN RESERVES ALL RIGHTS TO ALTER OR REVOKE THIS PERMIT AT ANY TIME THAT IT DEEMS IT NECESSARY TO DO SO