

FILE # _____

OVER WEIGHT LOAD PERMIT FOR CASS COUNTY OWNED OR MAINTAINED ROADS

NAME OF APPLICANT _____
MAILING ADDRESS _____
ROAD NUMBER _____ PROPERTY OWNER _____
WHAT IS YOUR AUTHORITY TO REQUEST THIS PERMIT? _____
DESCRIPTION OF LOAD _____ GROSS LOAD WEIGHT _____
MAXIMUM WIDTH OF LOAD _____ MAXIMUM LENGTH OF LOAD _____
MAXIMUM HEIGHT OF LOAD _____
DO YOU CARRY INSURANCE AND/OR BOND WHICH COVERS ANY DAMAGES THAT MIGHT
OCCUR IN MOVING THIS OF THESE LOADS OVER THE ROADS OF CASS COUNTY? _____
NAME OF COMPANY _____
PRECINCT # _____

I THE UNDERSIGNED, WHOSE NAME IS SUBSCRIBED TO THIS APPLICATION, CERTIFY THAT THE INFORMATION OF SAID APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL REQUIREMENTS SET OUT IN THE PERMIT TO MOVE GROSS WEIGHT LOAD OR LOADS IN EXCESS OF 58,000 LBS. WILL BE CARRIED OUT, WITHOUT EXCEPTIONS.

DATE _____

PRINT NAME OF COMPANY

NO. OF PERMITS GRANTED _____
PERMIT DENIED-DATE _____
COMMISSIONER _____
COMM. PHONE NUMBER _____

SIGNATURE

PRINTED SIGNATURE

BUSINESS PHONE NUMBER

MOBILE PHONE NUMBER

I agree to repair and be liable to repair any and all damages that I may incur to the herein described roads of Cass County during the time period set forth in this application for permit to move loads in excess of 58,000 lbs. gross load weight. I further agree to install culvert pipe in the ditch on the county road if necessary.

APPLICANT'S SIGNATURE

REASON FOR DENIAL _____

SURETY BOND REQUIRED & _____