



**St. Joseph County, Indiana  
DEPARTMENT OF PUBLIC WORKS**

**PERMIT  
for  
EXCEPTION TO SEASONAL WEIGHT LIMITS**

Authorization is requested to haul loads in excess of the seasonal 16,000 pound gross weight limitation established by St. Joseph County Ordinance

**Vehicle Description:** (check all that apply)

<input type="checkbox"/> Tractor-Trailer	<input type="checkbox"/> Truck-Trailer	<input type="checkbox"/> Self Propelled Equipment	<input type="checkbox"/> Fifth Wheel Hook-Up
<input type="checkbox"/> Truck	<input type="checkbox"/> Auto / Trailer	<input type="checkbox"/> Other / Towed	<input type="checkbox"/> Rear steerable Axle

**Vehicle**  
 Make: \_\_\_\_\_ Model / Year: \_\_\_\_\_ Trk. No. \_\_\_\_\_  
 Number of Trips \_\_\_\_\_  Per Day  Per Week License Plate No. \_\_\_\_\_

**Vehicle Dimensions:**  
 Overall Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Total Gross Weight: \_\_\_\_\_  
 Trailer and Load Length: \_\_\_\_\_

Loaded Axle Weights:	a	b	c	d	e
	f	g	h	i	j
Axle Spacing:	a	b	c	d	e
	f	g	h	i	j
Tire Size:	a	b	c	d	e
	f	g	h	i	j

Tires per Axle: a \_\_\_ b \_\_\_ c \_\_\_ d \_\_\_ e \_\_\_ f \_\_\_ g \_\_\_ h \_\_\_ i \_\_\_ j \_\_\_  
 Width Between Tires: a \_\_\_ b \_\_\_ c \_\_\_ d \_\_\_ e \_\_\_ f \_\_\_ g \_\_\_ h \_\_\_ i \_\_\_ j \_\_\_

Maximum Speed: \_\_\_\_\_ (To be determined by County Engineer)  
 Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

**APPROVED ROUTE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT:**

NAME OF COMPANY \_\_\_\_\_

ADDRESS / CITY / STATE / ZIP \_\_\_\_\_

( ) \_\_\_\_\_

AREA CODE TELEPHONE NUMBER EMAIL ADDRESS

AUTHORIZED SIGNATURE for APPLICANT TITLE DATE

PRINTED NAME / POINT OF CONTACT \_\_\_\_\_

**APPROVED:**

COUNTY ENGINEER DATE