

APPLICATION FOR OVERWEIGHT USE PERMIT

1. Name(s) _____

2. Address _____
(Number and Street)

(City) _____ (State) _____ (Zip) _____ (Phone Number) _____

3. Type of Permit Requested: 1 _____ 2 _____ 3 _____
(Check applicable number)

4. Vehicles to be used:

Make	Owner	Registration Number

5. Description of types of road use:

6. Approximate date(s) of road use: _____

7. Roads to be Utilized: (Township Route #): _____

8. Bonding Agent: _____

Contact: _____

Address: _____

Phone: _____

Note: If request is made to be self-bonding, then applicant shall file a contractor's financial statement, Department Form AS 4300 Part 1.

9. Form of Security: (Check applicable line)

_____ Certified or Cashier's Check _____ Bank Account

_____ Irrevocable Letter of Credit _____ Performance Bond

_____ Other

10. Amount of Security proposed: _____

11. Road Inspection completed by: _____

Note: A properly executed Maintenance Agreement must be attached to this application.

Permit Approved By: _____
Authorized Township Official

Date: _____