

OVERSIZED PERMIT APPLICATION

PLEASE ALLOW A MINIMUM OF 48 HOURS FOR APPROVAL PROCESS

Section A Applicant Information Permit Fee: \$20.00

Permit Fee: 1

One Time Use

(good until end of
year and under 12 foot only)

Requested Start Date _____ Expiration Date _____

Legal Name – Vehicle Owner or Lessee			Company Name	Phone Number		
Billing Address			Apt./Suite	Fax Number		
City	State	Zip	Email Address			

Section B

Vehicle Year	Vehicle Type/Make	State/License Number		
Trailer Year	Trailer Type/Make	State/License Number		
Width of Load (if greater than 9.5 feet and under 12 foot only for annuals)	Height of Load (if greater than 14 feet)	Gross Vehicle Weight (lbs) (truck + trailer + max load)		
Axle Weights Required (See page 2 for diagram template)				

Section C

Origin (list address if in Sioux Falls)	Destination (list address if in Sioux Falls)				
Route					

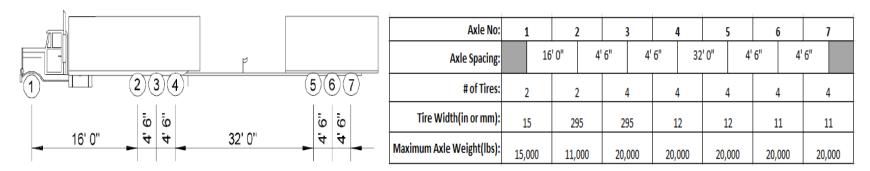
It is the responsibility of the OPERATOR to verify that the route is free of restriction. The route shall be free of any streets which have structures with reduce weight restrictions. This permit is for the hauling of single over width/over length piece of equipment, and shall not be used for the transportation of materials to and from a construction site.

Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with all the rules, regulations, and City and State Code.

X_

Customer or Authorized Agent (type or sign) Date

Fax to City Engineering Division at 605-367-4310 or email to engineering@siouxfalls.org



Example Above.

Click in the box below to upload an image, or print out and sketch your own vehicle here.

Axle No:	1	2	3	4	5	6	7	8	9	10	11
Axle Spacing:											
# of Tires:											
Tire Width(in or mm):											
Maximum Axle Weight (lbs):											