



APPLICATION FOR PERMISSION FOR LIMITED CONTINUOUS OPERATION OF OVERWEIGHT VEHICLE OR COMBINATION OF VEHICLES

TYPE OR USE INK - - - PLEASE ALLOW 24 HOURS FOR PERMIT PROCESSING BEFORE YOUR START DATE.

Company Name		Start Permit on (Date)	End Permit on (Date)	Mail or Email Application to: oversizeoverweight@cityoflakeforest.com The City of Lake Forest Attn.: Public Works-Engineering 800 N. Field Drive Lake Forest, IL 60045 Phone: (847) 810-3553 Fax: (847) 615-4295
Street Address		Contact		
City, State, Zip	Telephone	Fax		

DELIVERY

Address	State Permit #
Route	

DIMENSIONS

Permit type: Single trip <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual <input type="checkbox"/>	Size: Oversized <input type="checkbox"/> Overweight <input type="checkbox"/> Both Oversized and Overweight <input type="checkbox"/>
Total number of axles on power unit: _____	Weight of Axles: Axle #1 _____ Axle #2 _____ Axle #3 _____ Axle #4 _____ Axle #5 _____ Axle #6 _____ Axle #7 _____ Axle #8 _____
Total Gross Weight: _____	
Width: _____ Length: _____ Height: _____	Tandem #1 _____ Tandem #2 _____ Tandem #3 _____

CHECK THE BOX NUMBER OF THE CONFIGURATION THAT APPLIES TO THE MOVE BEING MADE.

Box Number	Method of Movement	Load Being Moved
<input type="checkbox"/> 1*	Loaded	Construction equipment
<input type="checkbox"/> 2*	Loaded	All loads other than construction equipment including stackable items
<input type="checkbox"/> 3*	Towed	Construction equipment
<input type="checkbox"/> 4*	Towed	All loads other than construction equipment
<input type="checkbox"/> 5**	Own Power	Any vehicle

*If Box Number 1, 2, 3, or 4 is checked, go to **AREA A** to complete the application.

If Box Number 5 is checked, go to **AREA B to complete the application.

<p align="center">AREA A</p> Enter the Tractor License Plate Number and State. License Plate Number: _____ State: _____ If Box Number 2 is checked, are you moving a load of stackable items? Check one. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center">AREA B</p> Enter the Make, Model, Description, License Plate Number, and State of the vehicle being moved. Make: _____ Model: _____ Description: _____ License Plate Number: _____ State: _____
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THERE IS A \$100.00 FEE FOR EACH PERMIT. USE THE CONFIRMATION NUMBER AS YOUR INVOICE NUMBER.

Approved: _____ Date: _____ Confirmation #: _____