

## **ANNUAL TRIP PERMIT APPLICATION**

**Emmet County Engineers Office** 609 1st Avenue North Suite 4 Estherville, IA 51334-2263

Phone: (712)362-4846 Fax: (712)362-0112

□ Annual Oversize \$50								
☐ Oversize/Overweight \$400								
Cash or Check. We do not accept credit cards								
Permit Number:								
Date Issued:								

Email: fisher32@emmetcountyia.com							Date Issued:						
Section A – Is	ssued to:	Please	print clearly	or type	è								
Legal Name – Vehicle Owner or Lessee							Requested Start Date (1/2 hour before sunrise to ½ hour after sunset)						
Address							Phone Number U.S. DOT Number						
City			State	Zip	Code	Fax Numb	er		MC N	MC Number			
Email Address							Carrier Type				Iowa Intrastate Authority Number		
			☐ For Hire ☐ Private										
Contact Name fo	or DOT to ca	ll if question	ns / Area Code -	Telenhon	e No								
Contact Name is	01 001 10 00	ii ii questioi	ns / Area code	relephon	C 140.								
Section B - P	ower I In	it & Trail	ler Informat	ion Po	wer I Init – R	oth Plate/S	tate and VIN	must he i	identifi	ed			
Plate	OWEI OII	State		lumber (VIN)	oth Plate/State and VIN must be in Registered Weight Year			acritim	Make				
					,								
T 11 -1 -1	40												
Trailer – Plate	e/State mu		1			T =							
Plate State Make						Other (Provide details)							
Section D – D	Dimensio	ns/Weig	ht										
Length		Width			ight	Total Weight		Front Projection		Rear Projection			
(max=120')		(max=16')		(max=	=15′5″)	(max=80,0	80,000 lbs)		nax=15')	(max=15')			
Total													
Section E – A	xel Weig	hts/Spa	cing – front	to rear (ı	required who	en gross we	ight exceeds	80,000 lb	s.)				
Axle Number 1 (front) 2 3						4	5	6		7	8		
Gross Axle Weight (lbs)													
Axle Spacing													
Section F – P	ermit De	liverv (cl	neck one)		Acce	ptance of (	Conditions:	certify tha	at the st	tatements co	ntained in the		
• • • • • • • • • • • • • • • • • • • •						ptance of Conditions: I certify that the statements contained in the cation are true and correct and I will comply with the General Provision							
						dated 11-17.							
□ Fax						X							
		Customer or Authorized Agent					Date						
☐ Email						Permit Issued By:							
Ple	ase allow	24 hours	for processir	ıg.	Davi	it Officer					Data		
General Requ	uirement	ts			Per	mit Officer					Date		
☐ Must carry co			neral Provisio	dated 1	1-17 and com	nly with the	n						
								e "Genera	l Provisi	ions" and car	ry them with your		
_			or more inform			-		e Genera		ions and can	y enem with your		
☐ Road must be													
☐ When unpaved damaged by 0							rainfall events s office before		_		ions would be		
☐ Hazardous m						-			•				
□ Necessary cit						- 0							
☐ Centerline all	-			-	. ,								
☐ Centerline all	_			or travel i	in normal lane	e on bridges	at 5mph.						
☐ Special Requi	_	•	•			<b>J</b>	•						