

APPLICATION FOR PERMIT TO EXCEED WEIGHT LIMIT CITY OF MINNETRISTA

7701 CO RD 110 W MINNETRISTA, MN 55364 Phone - (952) 446-1660 Fax - (952) 446-1311

Permit Fee if applicable \$		Permit No.	•				
Name of Applicant	Address		Phone				
			Fax				
Owner of Equipment	Address		Owner of	Load			
Project Description (attached additional sheet	s, if						
necessary):							
VEHICLE OF TOWING VEHICLE		TOWED VEHIC		VII ED EOUI	DMENT		
VEHICLE OR TOWING VEHICLE Truck Auto Plate/Unit#		TOWED VEHICLE OR TRAILED EQUIPMENT Circle Semi House Trailer					
Tractor/Trailer Other	ate/Offit#	Type Trailer		Other			
		i ype i	Tallel	Our	CI		
If "Other" please explain LOAD INFORMATION							
Object or Material	Size/Mode						
- Cajest of Material	0.20,00.0			110.9.110.			
Overall Dimensions Including Towing Vehicle		Width	Length		Height		
MOVEMENT INFORMATION							
			Movement To:				
Entire Route within Minnetrista							
Movement to be during Date(s) of		Movement Hours					
Applicant's Signature		Date					
AUTHORIZATION OF MOVEME	NT (TO BE	COMPLETED BY	ROAD AU	THORITY)			
Normal Year Weight:		Seasonal Weig	ht Restriction	ons:			
Total Weight Proposed:							
Reviewed By-	_						
Public Works Superintendent							
Public Works Superintendent:							
City Administrator:							
City Engineer: Denied:							
		-					
Approved: If Approved: DEDMISSION FOR THIS DEDMIT IS HEREBY CRANTED subject to compliance with the							
If Approved: PERMISSION FOR THIS PERMIT IS HEREBY GRANTED subject to compliance with the provisions of the Minnetrista City Code Section 915- Size, weight and load limits, and under the terms,							
conditions and restrictions and subject to revocation upon non-compliance. APPROVAL IS FOR CITY OF							
MINNETRISTA ROADS ONLY.							
OTHER SPECIAL REQUIREMENTS:							
Date	Authorizon	Signature of the	road outbo	 rity			
Dale	Authonzed	I Signature of the	roau autrio	ıııy			