

Permit # _____

Libertyville Township Road District
343 Merrill Ct.
Libertyville, Illinois 60048
847-362-3350
Fax: 847-816-0861

SPECIAL MOVEMENT APPLICATION/PERMIT

Applicant Information:

Name: _____
Address: _____
Town: _____ State: _____ Zip Code: _____
Phone#: _____ Fax#: _____
Contact Person(s): _____

Type of Permit: Single Trip (5 days) Round Trip (10 days) 90 Day (overwidth & length only)
(Circle only one type)
Method of Movement: Loaded Towed Own Power
(Circle only one type)

Load to be moved: _____ Serial Number _____ or Unit Number _____
Hauling Vehicle: Year: _____ Make: _____ License # _____ State: _____
Other: _____

Dimensions: Width Height Length
 Legal Legal Legal
 __ ft. __ in. __ ft. __ in. ___ ft.

Weights: Gross Maximum Axle
 Legal Legal
 ____, __ lbs. __, __ lbs.

Indicate number of axles and weight for each grouping starting with the front axle. Number of axles on pavement: _____

- 1) ___ axles/ __, __ lbs. 2) ___ axles/ __, __ lbs. 3) ___ axles/ __, __ lbs.
4) ___ axles/ __, __ lbs. 5) ___ axles / __, __ lbs. 6) ___ axles/ __, __ lbs.

Route: _____

Effective Date: _____ **Expiration Date:** _____

Reason for Movement: Delivery Pick-up Transit Other

Fee \$ _____ PAID _____ Applicant's Copy: Faxed E-mailed Picked up Mailed
This single or round trip movement authorized by this Permit is subject to the various restrictions and conditions as they appear in this Permit and to the printed General Provisions.

Issued this _____ day of _____, 20 _____ at ____:____. m.

By _____ for Martin J. Neal, Highway Commissioner of Libertyville Township