



OVERSIZE LOAD PERMIT APPLICATION

Reference # _____

Date _____

Project Information

Proposed request _____

Property Address _____ Legal Description _____

Load Size _____

Date of Commencement _____ Date of Completion _____

Company

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Contractor

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Contact Person/Authorized Representative

Name _____

Address _____

City _____ State _____ Zip _____

State License # _____

Phone _____

Fax _____

Required Attachments

- Statement of Purpose/Description of Project
- Planned route description
- Road Maintenance Bond
- Certificate of Insurance, naming the City of Pleasant Hill as an additional insured
- Other

Applicant agrees to abide by all provisions of the City of Pleasant Hill Code of Ordinances applicable to this project. The undersigned certifies under penalty of perjury, pursuant to the laws of the State of Iowa and on behalf of the applicant he/she has authority to act on behalf of the applicant and the statements contained herein, and the attachments hereto, are true, accurate and correct.

Signature of Authorized Representative

Public Works Director

Date

APPROVED DENIED