

# OVERSIZE/OVERWEIGHT VEHICLE PERMIT

\*Please allow 24hrs prior to movement to receive fully executed permit

PERMIT OFFICE HOURS: 7AM to 2PM MONDAY-THURSDAY



901 SOUTH JOLIET STREET JOLIET, ILLINOIS 60436  
PHONE: 815-722-6646 FAX: 815-722-5761  
Vincent Alessio, Highway Commissioner

PERMIT NO: \_\_\_\_\_

## APPLICANT INFORMATION

NAME: _____ <small>(Owner or Lessee of vehicle)</small>	ADDRESS: _____ <small>(Street)</small>
PHONE: _____	ADDRESS: _____ <small>(P.O. Box)</small>
FAX: _____	ADDRESS: _____ <small>(City) (State) (Zip Code)</small>
EMAIL: _____	ADDRESS: _____ <small>(City) (State) (Zip Code)</small>
CONTACT : _____	PHONE: _____
SIGNATURE: _____	DATE: _____

## VEHICLE/ OBJECT INFORMATION

<b>DATE OF MOVEMENT</b>	<b>TYPE OF MOVEMENT:</b>
EFFECTIVE: _____ (MM/DD/YY)	SINGLE TRIP (2 DAY MAX)
EXPIRES: _____	ROUND TRIP (7 DAY MAX)
PAYMENT DUE: _____ FEE: _____	LIMITED CONTINUOUS
<small>(No invoice will be mailed)</small>	
APPROVED BY: _____ <small>Vincent Alessio Highway Commissioner</small>	<b>METHOD OF MOVEMENT:</b>
DESCRIPTON OF OBJECT OR VEHICLE TO BE MOVED: <small>(Include make and model or serial number)</small>	LOADED
_____	TOWED
	OWN POWER
	LICENSE NO: _____

NO. OF AXLES	GROSS WEIGHT	HEIGHT	LENGTH	WIDTH	
<b>AXEL WEIGHTS AND SPACING:</b>	Steering Axle	Drive Tandem	Second Tandem	Third Tandem	Forth Tandem
AXEL WEIGHTS					
AXEL SPACING					

## ROUTE INFORMATION

FROM: (origin within Joliet Township) _____
OVER ROUTES: _____
TO: (destination within Joliet Township) _____

\*If movement is over roads other than those under Joliet Township Road District jurisdiction, the Applicant is responsible for obtaining additional permits from the proper Highway Authorities. This permit must be carried in the vehicle and must be available for inspection by Law Enforcement Officers.



**PLEASE MAKE CHECKS PAYABLE TO : JOLIET TOWNSHIP ROAD DISTRICT**  
**901 S. JOLIET STREET, JOLIET, IL 60436**

