



ADDISON POLICE DEPARTMENT

Traffic Unit



Overweight/Over-Dimension Vehicle Movement Permit

(Must be carried in vehicle during movement hereby authorized)

Permit No.: _____ Date Issued _____

TO: Name _____

Address: _____

Phone: () _____ Fax: () _____

This permit is for a Single Trip: _____ Round Trip: _____ or Limited continuous: _____

For this vehicle and load description: _____

License No. Power Unit: _____

Gross Weight _____

Legal or

Axle Weights:

Front Tandem (or Axle) _____

No Axle Exceeds _____

Rear Tandem (or Axle) _____

No Axle Exceeds _____

INSTRUCTIONS: Complete application before faxing to (630) 693-7974. For general permit information call (630) 543-3080.

**Permit Hours: M-F (7a-4p)
Closed Weekends & Holidays**

Width _____ Length _____ Height _____

Authorized route on Village of Addison Streets, including the origin and termination point within the Village:

Effective From: _____ To: _____

**Single Trip 5 consecutive days
Round Trip 10 consecutive days**

-----Official Use only-----

Overweight Fee: _____ Over-dimension Fee: _____

Total Fees: \$ _____ Paid Unlimited Company Permit Fee

Confirmation Number : _____

Conditions: _____

Revisions to this permit must be made through re-application and additional fees may be assessed.

Permittee has agreed to abide by Village ordinances related to movement of overweight and over-dimension vehicles on Village streets including provision regarding liability for damage to Village streets, bridges and Village-owned appurtenances thereto and holds the Village harmless for any acts of the driver or owner taken under this permit which result in injury or loss to persons or property resulting from such movement. Permit only valid on routes under Addison jurisdiction.

Computer Entry Date _____ Initials: _____

Permit

Revision Date _____

Village of Addison

Chief of Police or Designee