

# SINGLE TRIP EXCESSIVE SIZE, WEIGHT, LOAD PERMIT APPLICATION

- Original Trip  
 Return Trip

**Mail To:** City of Milwaukee Development Center  
1st floor  
809 North Broadway  
Milwaukee, Wisconsin 53202-3617  
Telephone: 414-286-8208  
Facsimile: 414-286-0232

**Section A - Customer** Please print clearly or type.

Legal Name – Vehicle Owner or Lessee					Doing Business As (d/b/a)					
Mailing Address					Federal Employer Identification No.					
City		State		Zip Code			U.S. DOT Number		WI Permit Number	
(Area Code) Business Telephone No.							Business Fax No.			

**Section B – Load – Article(s) Transported**

Requested Date/Time of Move

Section C Vehicles	License or Vehicle Identification No.	State	Semi-trailer	Full trailer	Dollies	Other (Identify)	Year	Make	No. of axles
Power Unit									
Towed 1.									
Vehicles 2.									

Section D Size	Length		Width		Height		Weight	Section E Insurance – The customer has the insurance coverage indicated in full force and effect, dimensions exceed: 8 ½ ft. wide, 13 ½ ft. high, 75 ft. long, 80,000 pounds. <b>Insurance Level Required:</b> Bodily Injury Liability each person \$150,000 Bodily Injury Liability each accident \$450,000 Property Damage Liability each accident \$300,000 OR Combined Single Limit \$750,000
	Feet	In.	Feet	In.	Feet	In.	Pounds	
Load								
Power Unit								
Towed Vehicle(s)								
Towed Vehicle(s)								
<b>Overall</b>								

**Section F – Axle Weight/Spacing – Tires – by axles, front to rear (attach additional pages if necessary)**

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									

**Section G - Trip**

Original Trip	From (use street address)	To (use street address)	Via Highways
	Via Highways – continued		
Return Trip	If return trip is requested, are the return dimensions and route (in reverse direction) the same as the "Original Trip"? ___ Yes ___ No If no, on a second application, check Return Trip box at top, and complete Sections A through G.		

**Section H – Permit Type**

- No Police Escort – Fee \$94.00 (plus \$3.00 process fee)  
Width 12 feet or less Height 13 ½ feet or less  
Length 75 feet or less Weight 150,000 pounds or less
- Police Escort Required – Fee \$227.00 (plus \$3.00 proc fee)  
Width more than 12 feet Height more than 13 ½ feet  
Length more than 75 feet Weight more than 150,000 lbs

**MAKE CHECK PAYABLE TO: CITY OF MILWAUKEE**

<b>OFFICE USE ONLY</b> Application no. _____ Permit no. _____ Fee Paid _____ Effective Date _____ Spec. Invest. Fee Pd. _____ Expiration Date _____
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**Acceptance of Conditions:** I, the customer or authorized agent, certify that the statements contained in the application are true and correct. I understand that any permit is granted subject to the conditions in Milwaukee Code of Ordinances 101-5 and 101-5.5, any special conditions stated on the permit or route instructions, Chapter 348 of the Wisconsin Statutes, and all applicable sections of the Wisconsin Administrative Code. If granted a permit, I will comply with all terms and conditions.

\_\_\_\_\_ (Customer or Authorized Agent)
 \_\_\_\_\_ (Date)