

**Application/Permit for Overweight Load(s)
During Weight Restriction Period**

**Juneau County Highway Department
930 East State Street
Mauston, WI 53948
608-847-5874**

Pursuant to State Section 349.16

Section A

Applicant Name		Area Code - Phone Number Phone: Fax:	County Trunk Highway
Company Name		Permit Issuance Period: <u>Date(s)</u>	
Applicant Mailing Address		Special Provisions	
Permitted Hours _____ am pm to _____ am pm	Permit Purpose		

Section B - Load -Check only ONE - Please complete a separate application for each permit type desired for this power unit.

- | | |
|---|--|
| <input type="checkbox"/> Miscellaneous equipment, machinery, and materials; or vehicle under its own power. | <input type="checkbox"/> Highway Construction Materials or Equipment |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Agricultural Products |
| <input type="checkbox"/> Building Structure | <input type="checkbox"/> Other - Specify: |
| <input type="checkbox"/> Pre-Manufactured Home | |

Section C

**Permit Provisions:
(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Empty Vehicle Weight | <input type="checkbox"/> Full Load |
| <input type="checkbox"/> ¼ Load | <input type="checkbox"/> ½ Load |
| <input type="checkbox"/> ¾ Load | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Single Trip | <input type="checkbox"/> Multiple Trip |
| <input type="checkbox"/> Other _____ | |

Applicant shall agree to comply with all permit provisions and superimposed notes, which may be added by the Department, as well as any codes, rules, regulations and permit requirements of any other State, County and Local Jurisdictional Agencies.

Any alteration of this form by the applicant is prohibited and will cause the revocation of this permit and implement the penalties set forth in State Section 349.16 of the Wisconsin Statute and any other Ordinances, Statutes, Laws or Requirements that may apply.

I, the permit holder, agree that I may be held responsible for damages to highway if such damage may occur from load transport.

(Signature of permit applicant) (Title) (Date)

Approved by Juneau County Highway Department

(Authorized Signature) (Title) (Date)