

PERMIT ISSUED BY:
PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION
PHONE: (712) 328-4635
FAX: (712) 322-3418

CITY OF COUNCIL BLUFFS, IOWA
SINGLE TRIP
OVERSIZE PERMIT
LENGTH - WIDTH - HEIGHT - WEIGHT

CITY PERMIT NUMBER: _____

Permit accuracy, information, and requirements provided are the responsibility of the applicant and/or driver, and must be in accordance with the Iowa Department of Transportation permit regulations, Iowa Administrative Code. Permit issuing authorities will not be responsible for any damages that are a result of the move. This document must be accompanied by an Iowa Department of Transportation permit if entering or exiting the City on a Federal or State Roadway.

Issued to: _____
Address: _____ City/State/ Zip: _____
Phone: _____ Fax: _____
Power Unit: Year & Make: _____ Object or Load: _____
Power Unit: License No. & State: _____ Serial Number: _____
Power Unit: License Class: _____ SME Plate No.: _____
Trailer Make: _____ Tow Away: Yes No
Trailer License No. & State: _____ Self-Propelled: Yes No

INFORMATION: Are variance(s) requested? If yes, applicant must provide the variance as well as the statutory limit.

		<u>Dimension/Over-dimension</u>			<u>Axle weights/Varied axle weight</u>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Overall Length: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Single: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Width: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Double: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Height: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Triple: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trailer Length: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quad: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Load Length: _____	Total Number of Axles: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Front Projection: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Weight: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rear Projection: _____			

Axle Spacing: _____

The State will allow this load on the Interstate per the conditions stated on this permit.

Requested route through the City limits: _____

Note: City's approval of this route is not a guarantee of it's availability, safety, or navigability.

REQUIREMENTS: These requirements must be reviewed by applicant and agree with State regulations when applicable.

Yes N/A Amber revolving light/strobe light with 360 degree visibility.
Yes N/A Civilian escort Front Front w/ Height Pole Rear
Yes N/A Law enforcement escort Front Rear
Yes N/A SME Plate must be displayed when applicable.
Yes N/A Over dimensional signs and flags must be displayed.
Yes N/A Load must slow or stop when necessary to avoid approaching traffic when centering.
Yes N/A Round trip - return within valid dates below.
Yes No Will route cross over any City bridges? If yes, list the location(s). _____
Yes No Will route cross under any City bridges? If yes, list the location(s). _____

- 1.) Must carry copy of permit.
- 2.) Travel from sunrise to sunset.
- 3.) Hazardous materials must be transported in compliance with applicable Federal regulations.
- 4.) Road must be clear of ice and snow with visibility of at least 1/4 mile.
- 5.) Necessary State and/or County permits must be obtained separately.....STATE PERMIT NUMBER: _____
- 6.) Special requirements:

Valid Dates: _____ To _____

Applicant (Print): _____ Date: _____

Signature: _____

CC: Auth _____

City Official (Print): _____ Date: _____

Signature: _____

Treasurer's Stamp

For Office Use Only

Receipt No. _____
Permit Fee: \$25.00
Budget Code: C02001-419010

Annual Expiration: _____