



Public Works Department
 Engineering Division
 Right Of Way Office
 Office 712-328-4635

CITY OF COUNCIL BLUFFS, IOWA

ANNUAL OVERSIZE PERMIT

(LENGTH - WIDTH - HEIGHT - WEIGHT)

ANNUAL PERMIT NUMBER: _____ **VALID DATES:** _____ **TO** _____

STATE PERMIT NUMBER: _____ **PERMIT EXPIRES:** _____

Permit accuracy, information, and requirements provided are the responsibility of the applicant and/or driver. 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 oversize permit if entering or exiting the City on a Federal or State roadway or an adjoining county permit if required by that county.

Issued to: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Applicant (Print): _____ **Signature:** _____ **Date:** _____

City Official (Print): _____ **Signature:** _____ **Date:** _____

POWER UNIT YEAR & MAKE	POWER UNIT LICENSE # & STATE	POWER UNIT REGISTERED WEIGHT

If paying by credit card, please sign on the line below.

CC Authorization Signature: _____

Please fax credit card authorization form to the City Treasurer at 712-328-4689. The above CC Authorization signature must match the signature on the credit card authorization form in order to process and complete the payment.

Additional Permit Information

- NO load information is required at time of permit application.
- Must provide load and route on the additional information sheet 24 hours prior to hauling loads that permit is required. Additional information sheets shall be attached to the annual permit.
- Load and route information shall be considered accepted unless carrier receives a denial notification.
- General guidelines shall be followed to meet the requirements of the permit.

Receipt Number: _____

Permit Fee: \$250.00

Budget Code: C02001-419010

Treasurer's Stamp



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ADDITIONAL INFORMATION

LOAD & ROUTE SHEET

For Annual Oversized Permit

ANNUAL PERMIT NUMBER: _____

STATE PERMIT NUMBER: _____

OBJECT OR LOAD: _____

TRUCK ROUTE INFORMATION: _____

- Please include the start and end addresses: (ALL TRUCKS ARE TO FOLLOW APPROVED TRUCK ROUTES)
- THE STATE WILL ALLOW THIS LOAD ON THE INTERSTATE PER CONDITIONS STATED ON THIS PERMIT

ISSUED TO: _____

Please indicate the maximum length, width, height and weight

TOTAL AXLES:	SINGLE:	TANDEM:	TRIPLE:	QUAD:	TOTAL WEIGHT:
TRAILER LENGTH:	OVERALL LENGTH:	WIDTH:	HEIGHT:	PROJECTION FRONT:	PROJECTION REAR:

GENERAL GUIDELINES

PLEASE MARK ALL THAT ARE APPLICABLE. (THESE REQUIREMENTS MUST BE REVIEWED BY APPLICANT AND AGREE WITH STATE REGULATIONS.)

- AMBER REVOLVING LIGHT SME PLATE MUST BE DISPLAYED WHEN APPLICABLE
- CIVIL ESCORT LAW ENFORCEMENT ESCORT OVERDIMENSIONAL SIGNS & FLAGS MUST BE DISPLAYED
- LOAD MUST SLOW OR STOP WHEN NECESSARY TO AVOID APPROACHING TRAFFIC WHEN CENTERING
- ROUND TRIP - RETURN WITHIN VALID DATE OF PERMIT

WILL ROUTE CROSS OVER ANY CITY BRIDGES? LIST LOCATIONS _____

WILL ROUTE CROSS UNDER ANY CITY BRIDGES? LIST LOCATIONS _____

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

- 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 ¼ mile.
- 5.) Necessary State and/or County permits must be obtained separately.
- 6.) Special requirements/Comments:

APPLICANT (PRINT): _____ SIGNATURE: _____ DATE: _____