



MONROE COUNTY HIGHWAY DEPARTMENT
PERMIT FOR MOVEMENT OF OVERWEIGHT/OVER SIZE
VEHICLES ON PUBLIC ROADWAY

DATE OF APPLICATION: _____ DATE OF MOVEMENT: _____

Applicant (Company or Individual): Name: _____

Address: _____

Phone: _____

Email: _____

Following ILLINOIS VEHICLE CODE (SECTION 15-301), the following information is requested:

(1) NO. OF MOVEMENTS: _____

(2) CARRIER AUTHORIZED UNDER THE ILLINOIS MOTOR CARRIER OR PROPERTY LAW: YES _____ NO _____ PERMIT NO. _____

(3) DESCRIPTION OF LOAD AND VEHICLE:

Is the object LOADED, TOWED, OR DRIVEN? _____

LICENSE PLATE NO. _____

a) Axle Weights Front to Back - _____

b) Axle Spacings Front to Back - _____

c) Width _____ Height _____ Length _____

d) Load/Description _____

(4) ORIGIN AND DESTINATION OF MOVEMENT(S):

a) ATTACH ROUTE MAP

b) Route Description:

(5) IS THE ENTITY PERFORMING THE MOVEMENT HIRED? YES _____ NO _____

(6) COMMENTS: (a) This permit if applicable to multiple movements shall be subject to the restrictions and conditions of ILCS 5/15-316, SPECIAL 90 DAY WEIGHT LIMIT. _____

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For Office Use Only: ROAD DISTRICT NO.: _____

COUNTY ENGINEER: _____

DATE: _____