VILLAGE OF EDGAR

224 S. Third Avenue
P.O. Box 67
Edgar, Wisconsin 54426
Ph. (715) 352-2891
www.vil.edgar.wi.us

EST. 1898

Conditional Permit to Exceed Seasonal Load Limits and Single Trip Permit of Oversize or Overweight Vehicles or Loads Application

Exceptions are considered case by case and it should not be expected that they will be approved.

Date & Time Application was received:_____

Submit application and Insurance Declaration by e-mail to **Jennifer.Lopez@edgarwi.org** or by fax to **715-352-2964**

After review of the application, a permit will be issued with special conditions listed. The applicant will review the special conditions and sign the permit verifying acceptance of the conditions imposed. The applicant will then submit to the Village of Edgar a copy of the permit acknowledging acceptance.

Applicant Name: _____ Phone Number: _____

Address: _____

Email Address _____

Nature of load: _____ Approx. Gross Weight: _____

Truck Configuration/Axles: _____

Make of Truck: _____ License Plate No.: _____

Travel Route: _____

_____

Travel Time(s): _____

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date

REQUIRED: Please attach copy of insurance policy (Insurance Declaration). The Village requires a certified copy of an insurance policy(s) covering the vehicles listed above in not less than an amount of $1,000,000 in connection with the permit and for which the permit holder is legally responsible which the Village deems sufficient to cover any claim for bodily injury or property damage.

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OFFICE USE ONLY:

Approved: ☐ Yes ☐ No Approved by: _____

Application Fee: None **Permit Number** (if approved): _____