

**TOWN OF FIRESTONE
APPLICATION FOR PERMIT TO EXCEED LOCAL
STREET WEIGHT RESTRICTIONS**

Requested Permit: **Single Trip** \$25.00 **Annual** \$200.00

Applicant Information

Please type or print (ink only)

Name:	Street Address:
Phone #:	City, State, Zip:

Vehicle Information

License Plate #:	Vin #:		
Type:	Make:	Model:	Color:
Gross Vehicle Weight (GVW)	Number of Axles:		

Vehicle Owner Information (if different from Applicant)

Name:	Street Address:
Phone #:	City, State, Zip:

General Information

What is the vehicles primary use (work, recreation, etc.)?

Explain why it is necessary for you to travel on local streets with this vehicle.

While in Firestone, where is the vehicle parked (street, driveway, garage, etc.)?

How many round trips per week will the vehicle make on local streets?

On an attached sheet, please provide as accurate a sketch as possible shpwng the most direct route from your origin to the nearest arterial street (if a permit is granted, this will be the only acceptable route). Include a north arrow, street names and the approximate distance from the point of origin to the arterial street. Indicate what the point of origin is (home, work, shop, etc.) and give the address.

By signing below, the applicant certifies that all of the information presented on this form and submitted attachments, if any, are true and correct to the best of their knowledge.

Applicant Signature:	Date:
Approved by:	Date: