

County of Allegheny Department of Public Works
APPLICATION FOR AN OVERLOAD / OVERSIZE PERMIT

Fax No. 412-350-2523

APPLICANT INFORMATION:

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

VEHICLE INFORMATION:

Make & Model: _____ Total Truck Weight: _____ (lbs)

License Numbers: Tractor: _____ State: _____

Trailer: _____ State: _____

Load: _____ Total Load Weight: _____ (lbs)

Dimensions: Length: _____ Width: _____ Height: _____

AXLE	DISTANCE FROM PREVIOUS AXLE	AXLE WEIGHTS UNLOADED (lbs)	AXLE WEIGHTS LOADED (lbs)	# OF WHEELS PER AXLE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTALS		lbs	lbs	

*** for additional axles, a separate sheet is available ***

List Entire Route: _____

***** INCLUDE A CLEAR, COMPLETE ROUTE MAP *****

PennDOT Permit No.: _____ Date/Time of Move: _____

Company Remarks: _____

County Remarks: _____

Escort: Police Escort Required Other: _____ None

 Company Representative's Name Company Representative's Signature Date

 Chief Bridge/Roads Engineer Date Deputy Director of Engineering Date

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 48 HOURS* PRIOR TO MOVE
***SUPERLOADS REQUIRE A MINIMUM OF 2 WEEKS**
PERMIT MUST BE WITH TRUCK DURING MOVING OPERATION

AXLE	DISTANCE FROM PREVIOUS AXLE	AXLE WEIGHTS UNLOADED (lbs)	AXLE WEIGHTS LOADED (lbs)	# OF WHEELS PER AXLE
1				
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5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTALS		lbs	lbs	