

FLOYD COUNTY

APPLICATION FOR ANNUAL OVERSIZE/OVERWEIGHT PERMIT

101 S. Main St. St. 201
Charles City, IA 50616
Ph. 515-257-6151 Fax 515-228-7356

Permit # _____

FEE \$25.00

Rcpt. # _____

Application Date _____

Make checks payable to Floyd County

Expiration Date _____

Owner/Applicant: _____ Ph: _____

Address: _____

Fax. No. _____

Move for hire? Yes No

Power Unit Year & Make _____

Power Unit License No. & State _____

Power Unit Registered Weight _____

Trailer Make & License No. _____

Object of Load: _____

Overall Length _____ Width _____ Height _____

Total Weight _____ Load Length _____

Front End Projection: _____ Feet _____ Inches

Axle Weights: Single _____ Tandem _____ Triple _____ Quad _____

Axle Spacing: _____

Applicant has Public Liability Insurance \$100/200/20 in vehicle.

I HAVE READ THE ENTIRE PERMIT AND APPLICATION AND HAVE FULLY COMPLETED ALL STATEMENTS AND PROVIDED ALL DATA CALLED FOR HEREIN TRUTHFULLY AND CORRECTLY AND I AGREE TO ABIDE BY ALL GENERAL PROVISIONS.

APPLICANTS SIGNATURE

The above permit with stipulations is hereby approved for the movement of the above described vehicle and load on those secondary roads within the following counties:

County	Authority Signature	Date Approved	Receipt No.	Permit No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Floyd County
Permit No. _____