

APPLICATION FOR PERMIT TO MOVE OVERSIZE LOAD ON YORK COUNTY ROADS

TO: YORK COUNTY ROAD DEPARTMENT
722 E 25TH
YORK, NE 68467

PERMIT FEE: \$10.00
(ENCLOSE WITH PERMIT)

APPLICANT: _____

ADDRESS: _____

CITY & STATE: _____

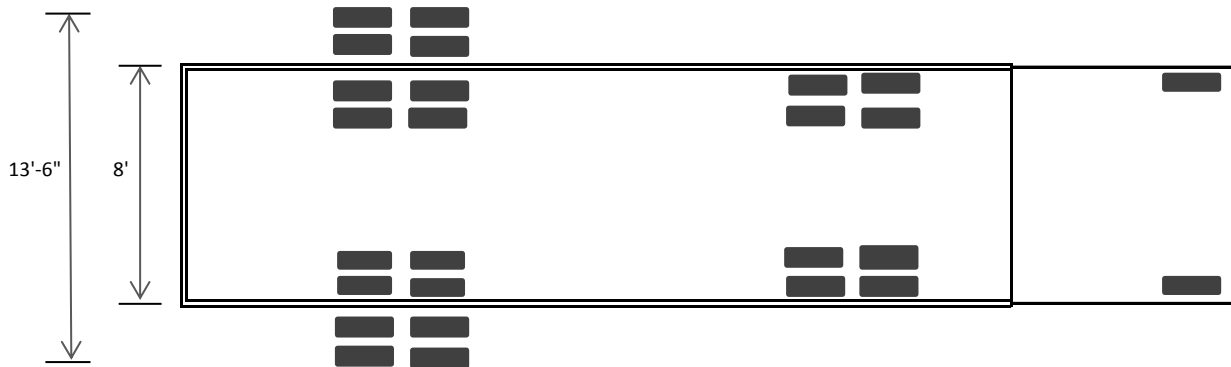
TELEPHONE: _____

OBJECT OR LOAD TO BE MOVED: (INCLUDE MEASUREMENTS IF APPLICABLE)

SPECIFIC ROUTE TO BE USED: (PLEASE MARK MAP LOCATED ON THE BACK)

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Weight								
Spacing								

	Axle 9	Axle 10	Axle 11	Axle 12	Axle 13	Axle 14
Weight						
Spacing						



OBJECT OR LOAD MOVE DATE: _____

(Note: Permit expires 90 days after move date.)

DATE OF APPLICATION: _____ PAID: _____

SIGNATURE OF APPLICANT: _____

MOVING ROUTE APPROVED BY: _____

HIGHWAY SUPERINTENDENT

