

227 W. JEFFERSON BOULEVARD
 SUITE 1316 COUNTY-CITY BUILDING
 SOUTH BEND, INDIANA 46601



PHONE 574/ 235-9251
 FAX 574/ 235-9171
 TDD 574/ 235-5567

CITY OF SOUTH BEND
DEPARTMENT OF PUBLIC WORKS
SPECIAL TRUCKING PERMIT

***FAX OR MAIL FORM 3 WORKING DAYS (EXCLUDES WEEKENDS) BEFORE REQUIRED 48 HR PUBLIC NOTICE**
****48 HR PUBLIC NOTICE ANNOUNCED UPON APPROVED FORM**
*****THIS APPLICATION EXPIRES 30 DAYS FROM SUBMISSION DATE**

Oversize Overweight Hazardous Material

Submission Date:			
Applicant Name:			Phone #:
			Fax #:
		Email:	
Application #:			
Route:	From:	To:	
Travel Date:			<input type="checkbox"/> Single Lane Occupancy <input type="checkbox"/> Multi-Lane Occupancy
Time(s):	From:	To:	
Contact:			Phone #
Load Description:			
Vehicle Description:	Length:	Width:	Height:
	Weight (Gross):	Max Weight (Single Axle):	
	Number of Axles:	Axle Spacing:	Rear Steerable Axle: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Type:	<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Truck-Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Other/Towed		
Has the route been driven previously? If so, provide the date.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the load be delivered within the City? If so, consult Ordinance Section 21-07.05. for regulations.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach the following: <input type="checkbox"/> Route Map <input type="checkbox"/> Axle configuration for vehicles over 5 axles			

For County route permit contact: 574-235-9626

For INDOT route permit contact: 219-325-7523

OFFICE USE ONLY:

Approved Approved as Noted Revise Revise as Noted

Comments: _____

Engineering Division Authorized Signature: _____ **Date:** _____