

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



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

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

<b>Submission Date:</b>			
<b>Applicant Name:</b>			<b>Phone #:</b>
			<b>Fax #:</b>
		<b>Email:</b>	
<b>Application #:</b>			
<b>Route:</b>	<b>From:</b>	<b>To:</b>	
<b>Travel Date:</b>			<input type="checkbox"/> Single Lane Occupancy <input type="checkbox"/> Multi-Lane Occupancy
<b>Time(s):</b>	<b>From:</b>	<b>To:</b>	
<b>Contact:</b>			<b>Phone #</b>
<b>Load Description:</b>			
<b>Vehicle Description:</b>	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
<b>Vehicle Type:</b>	<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Truck-Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Other/Towed		
<b>Has the route been driven previously?</b> If so, provide the date.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Will the load be delivered within the City?</b> If so, consult Ordinance Section 21-07.05. for regulations.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Attach the following:</b> <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:** \_\_\_\_\_