

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 ANNUAL 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**

*****APPROVED ANNUAL APPLICATIONS SHALL NOT EXCEED ONE YEAR FROM THE DATE APPROVED**

Oversize Overweight Hazardous Material

Submission Date:			
Applicant Name:			Phone #:
			Fax #:
		Email:	
Application #:			
Route:	From:	To:	
Year:		<input type="checkbox"/> Single Lane Occupancy	<input type="checkbox"/> Multi-Lane Occupancy
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:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved as Noted
Comments:	

_____	_____
Engineering Division Authorized Signature	Date
Annual Permit requires a non-refundable payment of \$405 made payable to City of South Bend	
Fee Paid:	
Payment Method:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash