



# SPECIAL TRUCKING PERMIT APPLICATION

City of South Bend – Board of Public Works

215 S. Dr. Martin Luther King, Jr. Blvd

South Bend, IN 46601

**\*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: \_\_\_\_\_