

SINGLE TRIP APPLICATION/PERMIT

To transport a nondivisible load exceeding statutory size and/or weight.
 This form cannot be used for permitting mobile homes/modular building sections.

Fax to: 715-284-0261 E-mail to: jchighway@jacksoncountywisc.gov

Mail To: Jackson County Highway Department
 119 Harrison Street
 Black River Falls WI 54615
 Phone 715-284-0233

Applicant Name - Vehicle Owner or Lessee			Applicant E-mail Address							
Address			Insurance Company							
City	State	Zip Code	Address							
Telephone No.	Fax No.		City	State	Zip Code					
LOAD - Article(s) Transported			Policy Number		Policy Expiration Date					
Note: Single trip permits are issued by the Wisconsin Department of Transportation at Madison, and by its district offices for movements on the state trunk highway system only; by the County Highway Commissioners for movement on county trunk highways in their respective counties; and by the officer in charge of maintenance for movements on highways and streets in their respective jurisdictions.			Permit Requested For: <input type="checkbox"/> Overlength <input type="checkbox"/> Overwidth <input type="checkbox"/> Overheight <input type="checkbox"/> Overweight							
Towing Vehicle: <input type="checkbox"/> Truck <input type="checkbox"/> Truck-Tractor <input type="checkbox"/> Other Make _____ No. Axles _____			Size		Weight (Pounds)					
			Length			Width				
			Feet		Inches		Feet		Inches	
			Load		Towing Load		Towed Vehicle		Overall	
			Date or Dates		Of Move					
License or Vehicle Identification No.			State							

Towed Vehicle - Check ALL that apply:

	Semi Trailer	Full Trailer	Dollies	Other (Identify)	Make	No. of Axles	License of Vehicle Identification No.	State
1								
2								
3								
4								

Weight - Axle Spacing - Tires - by Axle front to rear

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									
Axle Number	10	11	12	13	14	15	16	17	18
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									

Route Loaded Trip	From City, Village, Township, etc.	Via Highways	
	Via Highways - Continued		
Complete If Return Route Is Requested	From City, Village, Township, etc.	To City, Village, Township, etc.	Via Highways
	Via Highways - Continued		

Acceptance of Conditions: I, the applicant, certify that the statements contained in the application are true and correct, and that if granted a permit, I will comply with all terms and conditions which apply, including all conditions which apply in Trans 252 & Trans 254.

(Applicant or Authorized Agent Signature)	Print Name	(Date)
Jackson County Highway Dept.:	Name	Position
Permit Effective Date:	Permit #	Permit Expiration Date:
Comments: _____		