

VILLAGE PRESIDENT

P. Sean Michels

VILLAGE ADMINISTRATOR

Brent M. Eichelberger

VILLAGE CLERK

Cynthia Welsch



PUBLIC WORKS DEPARTMENT
Anthony J. Speciale, Director

VILLAGE TRUSTEES

Robert Bohler
Kevin Geary
Mari Johnson
Rick Montalto
Thomas Renk
Melisa Taylor

OVERWEIGHT/OVERSIZE VEHICLE PERMIT

Approved Effective Date: _____ **Expiration Date:** _____

Permittee (owner or lessee of vehicle) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

PERMIT TYPE:

- | | | | | | | | |
|---------------|--------------------------|--------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|
| Single Trip | <input type="checkbox"/> | 7 Day | <input type="checkbox"/> | Loaded | <input type="checkbox"/> | IDOT Permit (attach) | <input type="checkbox"/> |
| Round Trip | <input type="checkbox"/> | 14 Day | <input type="checkbox"/> | Own Power | <input type="checkbox"/> | County Permit (attach) | <input type="checkbox"/> |
| Multiple Trip | <input type="checkbox"/> | 30 Day | <input type="checkbox"/> | Towed | <input type="checkbox"/> | Township Permit (attach) | <input type="checkbox"/> |

Description of Object / Vehicle to be moved: _____

Tractor Make: _____ Year: _____ Registration #: _____

Trailer Make: _____ Year: _____ Registration #: _____

Dimensions of Equipment:

Width: _____ Length: _____ Height: _____ Gross Weight: _____ Number of Axles: _____

No Axle exceeds 22,000 (Village codes allows a maximum of 22,000# per axle)

Routes (include all Village Streets to be used): _____

I certify that the above information is correct.

SIGNATURE OF OWNER OR LESSEE OF VEHICLE OR AUTHORIZED REPRESENTATIVE Date _____

This permit must be carried in the vehicle and must be available for inspection by police or Village Officials. If you find this permit does not cover the move, the Permittee must contact the Village and have the permit corrected prior to starting the move.

AUTHORIZED BY: _____ Date _____ Time _____

ISSUED BY: _____ Date _____ Time _____

OFFICE USE ONLY:

	Single Trip	Round Trip	Multiple Trips
7 Day	\$50.00	\$75.00	\$150.00
14 Day	\$80.00	\$120.00	\$240.00
30 Day	\$150.00	\$225.00	\$450.00

Payments Received	
	Date
	Amount
	Check #

	Beginning Balance
	Permit Fee
	Subtotal
	Payment Received
	Ending BALANCE

ALLOW 24-HOURS FOR PROCESSING

This form is available online on <http://www.sugar-grove.il.us/forms.htm>