

MENARD COUNTY HIGHWAY DEPARTMENT
P.O. Box 497, Petersburg, Phone 217-632-2722, Fax 217-632-7820, email: menardhwy1@sbcglobal.net
WEIGHT LIMIT PERMIT

PERMITTEE: _____
ADDRESS: _____
CITY, STATE: _____
TELEPHONE: _____ FAX: _____

Description of object or vehicle to be moved:			
Gross Weight	Axle Weights <input type="checkbox"/> Legal or	Front Tandem (or Axle) _____ Read Tandem (or Axle) _____	No Axle Exceeds _____ No Axle Exceeds _____
License No.	Width	Length	Height
Over Routes: To and From:			

In accepting this permit, the petitioner agrees that the vehicle or object can and will be moved strictly in compliance with the terms set forth in this permit. Menard County Highway Department cannot issue permits in excess of 80,000 pounds for divisible loads.

The movement shall be made between sunrise and sunset, within a period of _____ calendar days from the effective date, and the grantor shall be notified 24 hours in advance of said movement. Movement shall be made only when weather and pavement conditions are favorable for safe travel.

The petitioner shall furnish a flagman when the load exceeds 8 feet in width to insure safety to other traffic approaching this movement and any projecting load shall be clearly marked with orange flags. Other traffic shall be given the right of way over this movement at all times. It is the petitioner's responsibility to protect any overhead structures or facilities.

The petitioner shall assume all responsibility for accidents or damages that may accrue to persons or property either public or private, caused directly or indirectly by reason of this movement.

This permit covers only the specific movement mentioned above and is not transferable. The permit shall be carried on the vehicle to which it refers and shall be open to inspection by any police officer or authorized agent of the Menard County Highway Department.

This permit is granted in accordance with the authority vested in this Department in Section 625 ILCS 5/15-301, based on the facts set forth in this application in writing submitted by the petitioner. Except as specified above, this permit is granted only with the understanding that the vehicle is properly licensed, that the petitioner has proper authority to transport the load to be moved, and that the vehicle and load shall be moved strictly in compliance with Chapter 15 Article I of the Illinois Vehicle Code. It is effective only to the extent that this Department has jurisdiction and does not release the petitioner from fulfilling any other existing laws, which may apply to this activity.

I hereby accept the terms and conditions, and further represent that the information provided is true and correct, this _____ day of _____, 2017. Permittee: _____

VALIDATION IS REQUIRED for Limited Continuous Operations: This permit shall be valid **ONLY** on those days specified by the Menard County Highway Department Calendar. This determination shall be posted on the Highway Department website, www.menardcountyil.org, which shall serve as the official validation log for all permits. Permits may also be validated by telephone or in person.

Approved: _____ Thomas R. Casson, County Engineer	Effective: (Sunrise)	Expires: (Sunset)
Type: <input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip <input type="checkbox"/> Blanket <input type="checkbox"/> Limited Continuous Operations <input type="checkbox"/> Special Haul		
Additional restrictions attached: <input type="checkbox"/> No <input type="checkbox"/> Yes		