

	Date	
APPLICATION FOR		

## OPERATION OF OVERSIZE/OVERWEIGHT VEHICLE(S) WITHIN THE CITY OF ELYRIA

Name of Firm/Business:			
Addı	ress:	Telephone No.:	
Auth	orized Individual Requesting	Permit:	
Vehi	icle(s): Describe the vehicle i	involved – size, weight, number of axels, width of tires, etc.	
Load	d: Describe the oversize/over	rweight load – material, size, weight, distribution of load, etc.	
—— Plac	e of Departure:		
Entr	y Point into City:		
Dest	tination:		
I reque the vel unders	est the issuance of a permit for the operation hicle(s) and load as requested above. I hastand that the \$30.00 permit fee must be sultered.	d Trip (must use same route within 30 days)  n of oversize/overweight vehicle(s) with the City of Elyria. The permit, if issued, will apply only to ave read the attached ordinance (Section 339.01) and understand the permit restrictions. I also bmitted at the time of this application. Please include State permit if applicable.	
Sign	ature:	Date:	
	City Approved:	Date:	
	Comments:		
		Engineer's Office, City of Elyria, 131 Court Street - Suite 303, Elyria, Ohio For further information, call (440) 326-1444	