

PERMIT ISSUED BY:  
PUBLIC WORKS DEPARTMENT  
ENGINEERING DIVISION  
PHONE: (712) 328-4635  
FAX: (712) 322-3418

CITY OF COUNCIL BLUFFS, IOWA  
SINGLE TRIP  
OVERSIZE PERMIT  
LENGTH - WIDTH - HEIGHT - WEIGHT

CITY PERMIT NUMBER: \_\_\_\_\_

Permit accuracy, information, and requirements provided are the responsibility of the applicant and/or driver, and must be in accordance with the Iowa Department of Transportation permit regulations, Iowa Administrative Code. Permit issuing authorities will not be responsible for any damages that are a result of the move. This document must be accompanied by an Iowa Department of Transportation permit if entering or exiting the City on a Federal or State Roadway.

Issued to: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Power Unit: Year & Make: \_\_\_\_\_ Object or Load: \_\_\_\_\_  
Power Unit: License No. & State: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
Power Unit: License Class: \_\_\_\_\_ SME Plate No.: \_\_\_\_\_  
Trailer Make: \_\_\_\_\_ Tow Away: Yes  No   
Trailer License No. & State: \_\_\_\_\_ Self-Propelled: Yes  No

INFORMATION: Are variance(s) requested? If yes, applicant must provide the variance as well as the statutory limit.

		<u>Dimension/Over-dimension</u>			<u>Axle weights/Varied axle weight</u>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Overall Length: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Single: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Width: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Double: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Height: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Triple: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trailer Length: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quad: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Load Length: _____	Total Number of Axles: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Front Projection: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Weight: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rear Projection: _____			

Axle Spacing: \_\_\_\_\_

**The State will allow this load on the Interstate per the conditions stated on this permit.**

Requested route through the City limits: \_\_\_\_\_

**Note: City's approval of this route is not a guarantee of it's availability, safety, or navigability.**

REQUIREMENTS: These requirements must be reviewed by applicant and agree with State regulations when applicable.

Yes  N/A  Amber revolving light/strobe light with 360 degree visibility.  
Yes  N/A  Civilian escort Front  Front w/ Height Pole  Rear   
Yes  N/A  Law enforcement escort Front  Rear   
Yes  N/A  SME Plate must be displayed when applicable.  
Yes  N/A  Over dimensional signs and flags must be displayed.  
Yes  N/A  Load must slow or stop when necessary to avoid approaching traffic when centering.  
Yes  N/A  Round trip - return within valid dates below.  
Yes  No  Will route cross over any City bridges? If yes, list the location(s). \_\_\_\_\_  
Yes  No  Will route cross under any City bridges? If yes, list the location(s). \_\_\_\_\_

- 1.) Must carry copy of permit.
- 2.) Travel from sunrise to sunset.
- 3.) Hazardous materials must be transported in compliance with applicable Federal regulations.
- 4.) Road must be clear of ice and snow with visibility of at least 1/4 mile.
- 5.) Necessary State and/or County permits must be obtained separately.....STATE PERMIT NUMBER: \_\_\_\_\_
- 6.) Special requirements:

Valid Dates: \_\_\_\_\_ To \_\_\_\_\_

Applicant (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

CC: Auth \_\_\_\_\_

City Official (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Treasurer's Stamp

For Office Use Only

Receipt No. \_\_\_\_\_  
Permit Fee: \$25.00  
Budget Code: C02001-419010

Annual Expiration: \_\_\_\_\_