



CITY OF COUNCIL BLUFFS, IOWA

ADDITIONAL INFORMATION

LOAD & ROUTE SHEET

For Annual Oversized Permit

Public Works
 Department
 Engineering Division
 Right Of Way Office
 Office 712-890-5296
 Fax 712-322-3418

ANNUAL PERMIT NUMBER: _____

STATE PERMIT NUMBER: _____

OBJECT OR LOAD: _____

TRUCK ROUTE INFORMATION: _____

(Truck route please include beginning and ending address if applicable)

- Please include the start and end addresses: (ALL TRUCKS ARE TO FOLLOW APPROVED TRUCK ROUTES)
- THE STATE WILL ALLOW THIS LOAD ON THE INTERSTATE PER CONDITIONS STATED ON THIS PERMIT

COMPANY ISSUED TO: _____

Please indicate the maximum length, width, height and weight

TOTAL AXLES:	SINGLE:	TANDEM:	TRIPLE:	QUAD:	TOTAL WEIGHT:
TRAILER LENGTH:	OVERALL LENGTH:	WIDTH:	HEIGHT:	PROJECTION FRONT:	PROJECTION REAR:

GENERAL GUIDELINES:

PLEASE MARK ALL THAT ARE APPLICABLE. (THESE REQUIREMENTS MUST BE REVIEWED BY APPLICANT AND AGREE WITH STATE REGULATIONS.)

- AMBER REVOLVING LIGHT SME PLATE MUST BE DISPLAYED WHEN APPLICABLE
- CIVIL ESCORT LAW ENFORCEMENT ESCORT OVERDIMENSIONAL SIGNS & FLAGS MUST BE DISPLAYED
- LOAD MUST SLOW OR STOP WHEN NECESSARY TO AVOID APPROACHING TRAFFIC WHEN CENTERING
- ROUND TRIP - RETURN WITHIN VALID DATE OF PERMIT

WILL ROUTE CROSS OVER ANY CITY BRIDGES? (LIST LOCATIONS) _____

WILL ROUTE CROSS UNDER ANY CITY BRIDGES? (LIST LOCATIONS) _____

Note: City's acceptance of this route is not a guarantee of its availability, safety, or navigability.

- 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 ¼ mile.
- 5.) Necessary State and/or County permits must be obtained separately.
- 6.) Special requirements/Comments:

APPLICANT (PRINT): _____

SIGNATURE: _____

DATE: _____

CITY COUNCIL BLUFFS USE ONLY:
POWER UNIT YEAR & MAKE: _____
POWER UNIT LICENSE # & ST: _____
PERMIT EXPIRES: _____