



Public Works Department
 Engineering Division
 Right Of Way Office
 Office 712-328-4635

CITY OF COUNCIL BLUFFS, IOWA

ANNUAL OVERSIZE PERMIT

(LENGTH - WIDTH - HEIGHT - WEIGHT)

ANNUAL PERMIT NUMBER: _____ **VALID DATES:** _____ **TO** _____

STATE PERMIT NUMBER: _____ **PERMIT EXPIRES:** _____

Permit accuracy, information, and requirements provided are the responsibility of the applicant and/or driver. 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 oversize permit if entering or exiting the City on a Federal or State roadway or an adjoining county permit if required by that county.

Issued to: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Applicant (Print): _____ **Signature:** _____ **Date:** _____

City Official (Print): _____ **Signature:** _____ **Date:** _____

POWER UNIT YEAR & MAKE	POWER UNIT LICENSE # & STATE	POWER UNIT REGISTERED WEIGHT

If paying by credit card, please sign on the line below.

CC Authorization Signature: _____

Please fax credit card authorization form to the City Treasurer at 712-328-4689. The above CC Authorization signature must match the signature on the credit card authorization form in order to process and complete the payment.

Additional Permit Information

- NO load information is required at time of permit application.
- Must provide load and route on the additional information sheet 24 hours prior to hauling loads that permit is required. Additional information sheets shall be attached to the annual permit.
- Load and route information shall be considered accepted unless carrier receives a denial notification.
- General guidelines shall be followed to meet the requirements of the permit.

Receipt Number: _____

Permit Fee: \$250.00

Budget Code: C02001-419010

Treasurer's Stamp