

APPLICATION and PERMIT

TO OPERATE OVERWEIGHT LOADS ON TOWN OF WHEATON CLASS B ROADS

Class B Designation for Town of Wheaton Roads Ordinance Chippewa County Wisconsin

Date of Application:	
Applicant name:	Company:
Phone No.:	E-mail:
Address:	
Requesting transport of the following:	
Transportation Date(s):	
Number of trucks hauling:	Axle weights:
Traveling on what specific route:	
This permit is specific to the above appl	ication, load(s) and vehicle(s). Loads hauled shall not gth restrictions enforceable by State Statute or any
This permit is valid only if properly signet to issue this permit.	ed below by the Town of Wheaton Designee authorized
A copy of this permit shall be carried w	rith the overweight load at all times.
Approved by:(Print Name)	Date of approval:
Cignaturo	Titlo