NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) - Local Government

Wisconsin Department of Transportation MV2582 2/2015

This permit should be used by an **owner or lessee of an Implement of Husbandry (IoH)** for permission to operate an IoH on **town, city, village or county roads** because the IoH:

- 1. Exceeds statutory IoH vehicle length limits.
 - a. 60 feet for a IoH single vehicle, OR
 - b. 100 feet for two IoH vehicles combined, OR
 - c. 70 feet for three IoH vehicles combined that will operate at greater than 25 mph, OR
 - d. 100 feet for three IoH vehicles combined that will operate at 25 mph or less.
- 2. Exceeds statutory axle weight limits s.348.15(3)(b), Wis. Stats; and/or
- 3. Exceeds gross vehicle weight limits s.348.15(3)(g), Wis. Stats.

Permit must be carried in vehicle authorized and produced in either print or electronic format according to s.348.28 (1)(b). Wis. Stats.

Submit a completed form to each maintaining authority or designee that is responsible for the highway on which you're requesting permission to exceed the above limits. Listings and contact information are available for maintaining authorities or designees at: www.wisconsindot.gov/business/ag/permits.htm.

PART A - Applicant and Routes

SECTION 1 – Applicant Information

Applicant Name (enter name of vehicle owner or vehicle lessee – name of business if applicable					
Contact Name	(Area Code) Telephone Number				
Street Address	Email Address				
City, State, ZIP Code	Permit Number (completed by Maintaining Authority)				
 Check one: This is an original application for a consecutive month permit. This is an original application for an annual permit. This is a request to amend Part A for an issued permit. If this is an ap is part of an issued permit, then check the box and enter the permit numb SECTION 2 - Routes Describe the highways on which the IoH will be operated. (Example: Route 1: Origin, then north on County H for two miles and return.) Alternately, please attach a map with indicate where overweight or over length equipment will be operated. 	er you seek to amend:weet on County Z from Location A to Location B;				
SECTION 3 – Signature of Applicant					
X					
(Signature of Permit Applicant – electronic signature – Brush Script font)	(Date – m/d/yyyy)				

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	<u> PART B – 1</u>	Type of	Permit and	Vehicle	<u>Information</u>
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SECTION 1 - Type of Permit									
Type of permit for which you are applying (check all that apply)									
a. Exceeds statutory IoH vehicle length limits (Complete sections 2, 3 and 5)									
b. Exceeds statutory axle weight limits s.348.15(3)(b), Wis. Stats (Complete Sections 2, 4, and 5)									
☐ c. Exceeds gross veh	icle weight lim	its <u>s.348.15(</u>	3)(g), V	<u> Vis. Stats</u> (0	Complete S	Sections 2,	4, and 5)		
SECTION 2 – Description	i(s) of the IoH								
Vehicle Information – Con	-								
Power Unit – Make	Power Unit – Mo	odel Number	P	Power Unit – De	escription				
Fleet or VIN Number (optional)				Permit Num	ber (complete	ed by Maintai	ning Authority	v)	
,					, ,	,	,	, ,	
Power Unit – Type				1					
Check if power unit or v	ehicle combinat	ion is a <u>Categ</u>	ory B a	ccording to	<u>s.340.01(24</u>	l)(a)1.b, Wi	s. Stats.		
Check if power unit is n	ot an IoH (i.e. fa	rm truck, farm	truck tra	actor, motor t	ruck, etc.)				
Towed Unit Information (e	enter the make a	nd model of up	o to two	towed units f	or loH vehic	cle combina	tions)		
1. Make	Model Number	•		Description			,		
2. Make	Model Number			Description					
SECTION 3 - Vehicle I e	nath - Comple	ate this inform	nation f	for IoH that	evceed sta	itutory lenc	ıth limits:		
SECTION 3 – Vehicle Length – Complete this information for IoH that exceed statutory length limits: Single IoH Vehicle Overall Length: feet.									
	Overall Lerigin.	100							
OR ☐ Length of the loH Vehicle Combination: feet.									
SECTION 4 – Vehicle Weight – Complete this information for IoH or IoH vehicle combination that exceeds statutory gross vehicle and/or axle weight limitations:									
a. Total Gross Weight									
Enter the maximum gross weight intended to be operated at: pounds.									
b. Axle Weight and Spacing									
Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination,									
enter the distance in feet and inches between axles:									
Maximum Axle Weights									
Identify Axle									
Pneumatic or Tracks									
Gauge* Width of Axles									
Spacing Between Axles									
* Axle Gauge: the crosswise	* Axle Gauge: the crosswise distance in feet and inches between the center of the tires on either side of a vehicle. On an axle with one tire on								

SECTION 5 - Frequency and Use

Month of Operation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trips per Week												
Weeks of Operation												

either side of the vehicle, gauge is the distance between the center of the tires on the left and right sides of the vehicle. If the vehicle has two tires on either end of the axle, the axle gauge is the distance from the space between the tandem on the left and right sides of the vehicle.

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PART C - IoH No Fee Permit (ALL Information Entered by Maintaining Authority)

SECTION 1 - IoH No Fee Permit

OLOTION 1 TOTAL TO		
Applicant / Business Name (from Section 1)		Permit Number
Maintaining Authority	County of Maintaining Authority	Application Received Date (m/d/yyyy)
Maintaining Authority Contact Person		Effective Date (m/d/yyyy)
(Area Code) Telephone Number		Expiration Date (m/d/yyyy)
Signature of Maintaining Authority		Date (m/d/yyyy)
Approval (check one and attach additional pages as nee Approved as Submitted	cessary)	
Approved Category B Alternate Route (Go to	Section 2 for approved Alternate Route)	
Approved with Operating Conditions. List con		
Denied: Per s.348.27(19)(b) 4, Wis. Stats., pr	rovide a structurally based explanation rel	ated to the preservation of the roadway here:
SECTION 2 – Category B Approved Alternat	e Route	
Alternate Route:		
Operating Conditions. List conditions here or indicate if	additional names are attached:	
Operating Conditions. List conditions here of indicate in	additional pages are attached.	
SECTION 3 – Approved Amendment to IoH (see amendment description on page 1)	No Fee Permit	Permit Number to be Amended
Change to Part A	Amendment Request Received Date (m/d/yyyy)	
Amended Operating Conditions. List conditions:		Amended Permit Number
		Effective Date (m/d/yyyy)
		,
Maintaining Authority Contact Person		Expiration Date (m/d/yyyy)
Signature of Maintaining Authority X		Date (m/d/yyyy)