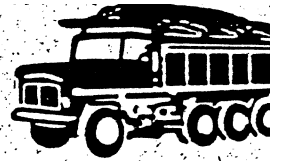


# Noble County Highway Department

1118 E. MAIN STREET  
ALBION, INDIANA 46701  
TELEPHONE (219) 636-2124



PERMIT # \_\_\_\_\_

## OVERSIZE/OVERWEIGHT PERMIT

PROOF OF INSURANCE REQUIRED

ESCORT VEHICLE REQUIRED

Date of Application \_\_\_\_\_

Type of Vehicle \_\_\_\_\_

Make of Vehicle \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Empty Weight \_\_\_\_\_ Gross Weight \_\_\_\_\_

No. of Trips \_\_\_\_\_ Length of Trip \_\_\_\_\_

No. of Axles \_\_\_\_\_ Weight per Axle \_\_\_\_\_

Description of load \_\_\_\_\_

Weight of Load \_\_\_\_\_

Origin \_\_\_\_\_

Destination \_\_\_\_\_

Routing \_\_\_\_\_

Applicants Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Start Date \_\_\_\_\_ Start Time \_\_\_\_\_

Finish Date \_\_\_\_\_ Finish Time \_\_\_\_\_

Date Approved \_\_\_\_\_

NOBLE COUNTY HIGHWAY DEPT.