



City of Batavia

100 N. Island Avenue, Batavia Illinois 60510
 630-454-2500 630-454-2501 FAX

OVERSIZE/WEIGHT VEHICLE PERMIT APPLICATION

Emergency Permit Request <input type="checkbox"/> Check here Less than 24 hrs Notice	
Date of Application	Applicant's Phone: _____ Applicant's Fax: _____
Permittee (owner or lessee of vehicle)	
Contact Person	Applicant's Address
Type of Permit <input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip <input type="checkbox"/> Multiple Routing	
Power Unit Description	License Number: _____
Description of Object or Vehicle to be Moved	
Number of Axles	Gross Weight
Axle Weights to Include Number of Axles:	
Weight of Axle:	
Number of Axles:	
Width	Length
Height	From
Over Routes:	
To(specific destination)	

Permittee Must Comply with General Provisions and Special Provision Numbers on page 2.

I am in receipt of General Provisions & Special Provision Numbers:

Signature: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Permit Number	Date Approved					
	Width	Length	Height	Gross Weight		
Weight of Axle:						
Number of Axles:						
From	To	Effective	Expires			
Fee	Date Paid	Ext No	Effective	Expires		

For verification of permit, call one of the above numbers.

CHECKED BY: Ofc. _____
 AGENCY: _____
 DATE: _____
 REMARKS: _____

This permit must be carried in the vehicle and must be available for inspection by police or city officials. If you find this permit does not cover the move, the Permittee must contact the city and have the permit corrected prior to starting the move.
 Authorized Signature: _____