

CITY OF AURORA
SPECIAL HAULING PERMIT

INS. BOND \$ _____ Fee \$ _____ PERMIT NO. _____

TO WHOM IT MAY CONCERN:

(Name of Permittee)

(Address)

Subject to All Provisions, Conditions and Restrictions, Printed or Written Below, or on the Reverse side Hereof, Is Hereby Granted Permission to Haul or Move.

(Describe object or objects to be moved. Give make and model of shovel, crane or other equipment.)

_____ Weighing _____ Pounds.
(Manufacturer's Shipping Weight)

BELONGING TO

Owner

Address

FROM

TO

(Locate points at which haul begins and ends on Aurora Roads by distance and direction to nearest town or State Route junction)

OVER THE FOLLOWING ROUTES:

(Give destination on each route)

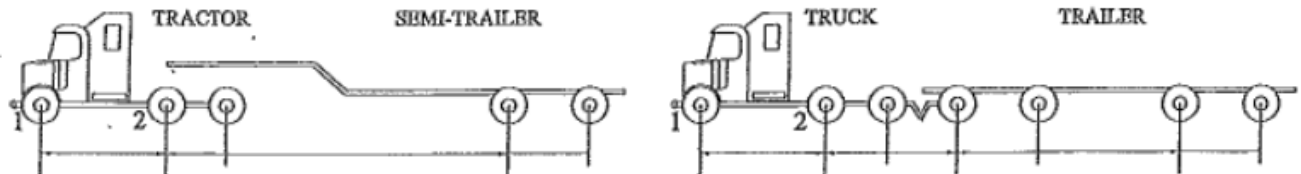
_____ Length of Haul on Aurora Roads _____ Miles

(IF HAUL OR MOVE IS TO BE MADE IN PART OVER STATE HIGHWAY, CITY, VILLAGE OR COUNTY STREETS, PERMISSION MUST BE OBTAINED FROM THE STATE HIGHWAY DEPARTMENT, CITY, VILLAGE OR COUNTY AUTHORITIES.)

VEHICLE(S) TO BE USED

(Truck, truck and trailer, tractor and semi-trailer, etc.)

License No. and State _____ Tractor or Truck No. _____ Trailer No. _____ Semi-Trailer No. _____



AXLE NUMBER (SEE SKETCH)	WEIGHT ON AXLE, EMPTY VEHICLE (POUNDS)	WEIGHT ON AXLE, OBJECT ONLY (POUNDS)	TOTAL WEIGHT ON AXLE, VEHICLE AND OBJECT (POUNDS)	NUMBER OF WHEELS	PNEUMATIC TIRE SIZE	TIRE WIDTH PER AXLE
1						
2						
3						
4						
5						
6						
7						
Totals						

DIMENSIONS:

OVERALL LENGTH _____ OVERALL HEIGHT _____ OVERALL WIDTH _____ VEHICLE WIDTH ONLY _____
(The overall dimensions include vehicle and object)

LOAD LENGTH _____ LOAD HEIGHT _____ LOAD WIDTH _____

MOVEMENT TO BE STARTED _____ AND WILL BE COMPLETED _____
(DATE) (DATE)

Director of Public Services

This permit is valid only for the date(s) stated above. A supplementary permit must be obtained for change of date(s). No movement shall be made on Saturdays, Sundays or Legal Holidays. Movement shall be made during business hours. AN AXLE INDICATES ALL WHEELS IN A STRAIGHT TRANSVERSE LINE