

Phone: 319-356-6046 FAX: 319-688-8147 www.johnsoncountyiowa.gov Application Fee - \$200
Please make payable to:
Johnson County

MT-

**Application Number** 

Permit Fee is Non-Refundable

# **MULTI-TRIP PERMIT APPLICATION**

Section A - Issue to: Please print clearly or type.

			•								Non-Refu	undable		
Official Use Only							Requested Start Date							
Legal Name - Vehicle Owner or Lessee						Phone	Phone Number			U.S. DOT Number				
Address						FAX	FAX Number			MC Number				
City State ZIP Code						Carrier Type For Hire Private			Iowa Intrastate Authority Number					
Email Address								ion Contact		Application Contact Phone				
Section B - Load - Describe Article(s) Transported										Model Number				
							SME (	Qualified? [	Yes No	Serial Number				
Section C - F Power Unit -			-			d.								
Plate	State	State Vehicle Identification Number (VIN)						Registered \	Weight	Year	Year Make			
Trailer - Plate			dentified											
Plate	•	State		N	lake		Other (provide details)							
Section D - D	Dimens	ions/We		aximum Ov			this perm	it: Length = 1	20'-0", Width = 1	6'-0", Height	= By Route,			
	Overall			Trailer		Lo	Load Front Proje		ection Rear Projection					
Length		· ·	"	, "			. "							
Width														
Height " Gross Weight														
Section E - A			oacings 		ear T	_						_		
Axle Number Gross Axle Weight (lbs)	er 1 (front)		2	3		4		5	6		7			
Axle Spacing	(ftin.)		' "		' "	'	II	'	"   '	"	' "	· '		
Axle Number Gross Axle Weight (lbs)		8		9		10	1	1	12	13		14		
Axle Spacing	I		' "		' "	<u>'</u>	II	, , , , , , , , , , , , , , , , , , ,	"	"	<del>' "</del>			
Section F - 1	rip			1										
								Going To						
Route														
Section G - I	Permit	delivery	(check	one)								!:#!		
Name						Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with the General Provisions dated 01-2019.								
Mailing Address						X								
FAX Email							Customer or Authorized Agent Application Date					cation Date		
							Co	unty Enginee	Арр	proval Date				

# INSTRUCTIONS FOR COMPLETING A MULTI-TRIP OVERDIMENSION AND/OR OVERWEIGHT PERMIT APPLICATION

#### Section A

Email address: Enter your email contact information.

Requested Start Date: Enter the date you would like the permit to start.

**Legal Name:** Enter the name of the person or company that the permit will be issued to.

Phone Number: Enter the contact phone number.

**MC Number:** Enter your MC number if you are a for hire carrier with Interstate authority.

Intrastate Authority: Enter your lowa Intrastate authority number

Carrier Type: Check one box. Are you hauling this load for hire or privately?

Address/City/State/ZIP: Enter the address of the person or company that the permit will be issued to.

Fax Number: Enter the contact fax number.

**US DOT Number:** Enter your USDOT number here. If no USDOT number is required for your operation, enter NA. To determine if you are required to have a USDOT number, visit the web site www.safersys.org

**Contact Name:** Enter the name of the person to be contacted with questions regarding this application. Also enter a phone number if different than the one already on the application

## Section B - Load information

Load: Enter the description of your load, i.e., excavator, farm tractor, wind tower, self-propelled crane, etc.

Carrier Type: Check one box. Are you hauling this load for hire or privately?

Model Number: Enter the model number. If the load is steel beams, trusses, etc, a model number is not required.

SME Qualified: Enter "Yes" if your load qualifies as 'Special Mobile Equipment' If not, enter No.

Serial Number: Enter the serial number. If the load is steel beams, trusses, etc, a serial number is not required.

## Section C - Power Unit & Trailer information

Plate: Enter the license plate number for the power unit.

**State:** Enter the 2 digit abbreviation for the state the power unit is registered in.

**Vehicle Identification Number (VIN):** Enter the VIN for the power unit.

**Registered Weight:** Enter the registered weight of the power unit. This information can be found on your cab card. Iowa law requires that you be registered for the weight you are hauling. Please include a copy of your cab card with the application.

Year: Enter the year of the power unit.

**Make:** Enter the make of the power unit (Peterbilt, Mack, International, etc)

## Section C - Power Unit & Trailer information

Trailer information: Enter the plate number, state, and make for each trailer on a separate line.

Other: Enter any miscellaneous comments about the trailer or vehicle configuration here

#### Section D - Dimensions/Weight

**Overall Length:** Measure from the front bumper of the power unit to the end of the trailer **or** load. Enter in feet and inches.

Overall Width: Enter in feet and inches.

Overall Height: Tallest point, either power unit or load. Enter in feet and inches.

**Trailer and load length:** Measure from the front of the trailer or load, to the end of the trailer or load. Enter in feet and inches.

Front Projection: Any overhang that extends past the front of the power unit. Enter in feet.

**Rear Projection:** Any overhang that extends past the rear of the power unit; or trailer if a combination vehicle. Enter in feet.

Overall Gross Weight: Total weight of power unit, trailer, and load combined. Enter in pounds.

#### Section E - Axle weight/spacing

Enter individual axle weights and spacings.

Requested Gross Axle Weight: Enter weight for each axle in pounds.

Spacing Between Axles: Enter each individual axle spacing in feet and inches.

## Section F - Trip Information

**Coming from:** Identify the location where the trip enters the Johnson County Secondary Road system. Provide an address, distance from an intersection, state highway access points, Interstate exit number, etc. (e.g. State Highway 1 at 140<sup>th</sup> Street NE) If the total weight of the load is over 156,000 lbs. and the trip does not start or end in Johnson County, also include the original origin of the load.

**Going to:** Identify the location where the trip exits the Johnson County Secondary Road system. Provide an address, distance from an intersection, state highway access points, Interstate exit number, etc. (e.g. F12 at Interstate 380 Exit 10) If the total weight of the load is over 156,000 lbs. and the trip does not start or end in Johnson County, also include the final destination of the load.

**Route:** Identify the specific route to be taken along the Johnson County Secondary Road System, separated by commas. (e.g. F12, W42, 140<sup>th</sup> St. NW, etc.) Attach additional sheets or maps if necessary.

### Section G - Permit delivery

Check the appropriate box telling us how you would like your permit delivered to you once it has been approved. Choose Mail, Fax, or email, and fill in the corresponding information.

**Acceptance of conditions:** Sign on the line to certify that you have read the "lowa General Provisions for Oversize Load Permit" – your signature acknowledges that you have read and will comply with them.

A copy of the Iowa General Provisions for Oversize Load Permit must also be carried with the permit. All provisions noted on the permit and general provisions must be followed.