

**APPLICATION TO WAIVE SEASONAL LOAD LIMIT**

20225 Cottagewood Road

Deephaven, MN 55331

(952) 474 - 4755

\$500.00 per round trip (March 1 - May 1<sup>st</sup>, Midnight)

\$50.00 per round trip May 2<sup>nd</sup> - Feb 28<sup>th</sup>)

DEEPHAVEN \_\_\_\_\_ WOODLAND \_\_\_\_\_

ADDRESS BEING SERVED \_\_\_\_\_

A. Name and Address of firm or person owning vehicle: \_\_\_\_\_

\_\_\_\_\_

B. Applicant Name: \_\_\_\_\_

\_\_\_\_\_

C. Permit for \_\_\_\_\_ tons per axel.

D. How many axels are on the truck \_\_\_\_\_

E. Number of trips desired: \_\_\_\_\_

F. City street/streets for which permit is desired: \_\_\_\_\_

\_\_\_\_\_

G. Date and time at which desired trip is to be made: \_\_\_\_\_

H. Description of Vehicle: \_\_\_\_\_

\_\_\_\_\_

I. License Plate Number on  
Vehicle \_\_\_\_\_

J. Gross Registered Weight \_\_\_\_\_ (found on the vehicle License Plate).

**In consideration for the granting of this permit I/we do hereby agree to repair, or cause to be repaired, at the direction of the City Council, any damage to city streets by the vehicle described above.**

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Phone Number

DATE GRANTED: \_\_\_\_\_

FEE: \_\_\_\_\_

BY: \_\_\_\_\_

RECEIPT: \_\_\_\_\_

**THIS PERMIT MUST BE CARRIED IN THE VEHICLE**