



TOWN OF PHELPS
4495 Town Hall Road, PO Box 157
Phelps, Wisconsin 54554
Phone: 715-545-2270
Email: townclerk@phelpswi.gov
Website: www.phelpswi.gov

**Application/Permit for Seasonal Weight Limitation
on Town of Phelps Road(s)**

APPLICANT INFORMATION:

Applicant Name: _____
Address: _____
City/State/Zip Code: _____
Applicant Phone: _____

VEHICLE INFORMATION:

Vehicle Body Style: _____
License Plate Number: _____
Gross Weight: _____
Number of Axles: _____

REQUEST INFORMATION:

Requested Permit Date: _____
Premises, Area, or Address for Permit: _____
Town Roads Used: _____
Projected Time Start at: _____ AM/PM Finish at: _____ AM/PM
Description or Activity: _____

Acceptance of Conditions: I, the applicant or authorized agent, certify that the statements contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions of approval stated below.

Applicant/Agent Signature **Date**

TOWN USE BELOW:

Terms and Conditions of approval:

- Contractor assumes all liability for any damage done to the Town Road due to overweight loads
- This permit must be carried in the above-described vehicle during operation
- This permit is valid for a SINGLE Trip only on Requested Date
- Time of Day when Permit MUST be used: _____ AM/PM to _____ AM/PM
- Other: _____

Permitting Officer Signature **Date**