

APPLICATION FOR ANNUAL EXCESS SIZE/WEIGHT PERMIT

DOUGLAS COUNTY, KANSAS

Annual Permit General Information:

*A permit will not be issued until Douglas County Public Works receives proof of insurance for all vehicles listed on annual permit (or blanket policy) and the full \$300 annual permit base fee as outlined in section 9-610 of Resolution No. HR-10-4-2.

*Insurance must be valid for one year from this date, or new proof of insurance must be provided immediately upon expiration. If valid insurance is not on file with Douglas County Public Works, this annual permit will be revoked.

*Permits must be filled out in their entirety

*Permits will be valid on Douglas County Routes only. Township roads within Douglas County may be traveled with permission from respective Township Trustee and Douglas County.

*Permits will be available for up to 3 vehicles per applicant. Vehicle information must be filled out in its entirety below. (If more vehicles are required they may be written below lines)

*Permits may not be transferred to another owner or vehicle not listed below.

*Permits will be only valid for the maximum dimensions listed in part 2e. of ANNUAL PERMIT REGULATIONS outlined in Douglas County Oversize/Overweight Permit rules and regulations.

Maximum Weight = 150,000 lbs Maximum Height = 15 feet Maximum Width = 16 feet 6 inches
 Maximum Axle Weights: Single non-drive axle=22,000 lb. Single drive axle=24,000 lb.
 Tandem=45,000 lb. Triple=60,000 lb. Quad or more=65,000 lb.

I. APPLICANT APPLICANT EMAIL: _____

A. APPLICANT NAME: _____ TITLE: _____

B. COMPANY NAME: _____

C. COMPANY ADDRESS: _____

Street/P.O. Box

City

State

Zip Code

D. COMPANY TELEPHONE NO.: () _____ - _____

E. FAX NO.: () _____ - _____

F. EMERGENCY TELEPHONE NO. () _____ - _____

G. VEHICLES OWNER: _____ TELE. NO.: () _____ - _____

II. VEHICLES:

VIN (last 5 digits)	Y E A R	MAKE	RGVW <small>Registered Gross Vehicle Weight</small>	LICENSE STATE	LICENSE NUMBER	UNIT NUMBER
1.)						
2.)						
3.)						

- III. INSURANCE CO.: _____
 2. POLICY NO.: _____
 3. EXPIRATION DATE: ____/____/____
 4. BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ _____
 5. AGENT NAME: _____
 6. AGENT TELEPHONE NO.: () _____ - _____

IV. REMARKS

V. BASE ANNUAL PERMIT APPLICATION FEE \$300.00
 (make Certified Check Payable to Douglas County Public Works)
 (you may also pay with credit card, call office to submit. 2.35% processing fee)

VI. SIGNATURE AND DATE
Applicant hereby agrees to abide by all applicable laws, rules, and regulations pertaining to the Douglas County excess size/weight road use policy.

APPLICANT SIGNATURE: _____

DATE: ____/____/____

SUBMIT APPLICATION BY MAIL OR FAX: EMAIL TO: bayres@douglascountyks.org

Douglas County Public Works
 Attn: Brad Ayres
 3755 E. 25th Street
 Lawrence, KS 66046
 FAX TO: (785) 842-1201
 Telephone No. (785) 832-5293

OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____/____/____

DATE APPLICATION FEE RECEIVED: ____/____/____

PERMIT APPROVAL DATE: ____/____/____ INITIALS: _____
 (valid for one year from this date)

PERMIT DENIAL DATE: ____/____/____ INITIALS: _____