

**APPLICATION FOR TRANSPORTATION PERMIT - OVERWEIGHT & OVERSIZE  
WABASHA COUNTY HIGHWAY DEPARTMENT**

821 Hiawatha Drive West, Wabasha, MN 55981  
Phone: 651-565-3366 Fax: 651-565-4696

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**VEHICLE INFORMATION**

Farm Tractor  Semi Tractor   
Truck  Auto

MAKE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
STATE \_\_\_\_\_

**TRAILER INFORMATION**

Semi Trailer  5th Wheel Trailer   
Low Boy Trailer  Trailer  Modular/Mobile Home

MAKE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
STATE \_\_\_\_\_

**LOAD INFORMATION**

Type Of Object Hauling \_\_\_\_\_  
Make, Size, Model \_\_\_\_\_  
Weight of Load \_\_\_\_\_ Tons  
Weight of Load + Truck + Trailer \_\_\_\_\_ Tons  
Maximum Weight per Axle Group \_\_\_\_\_ Tons

**OVERALL DIMENSIONS**

Length \_\_\_\_\_ Feet  
Width \_\_\_\_\_ Feet  
Height \_\_\_\_\_ Feet  
Side Overhang (Each) \_\_\_\_\_ Feet  
End Overhang \_\_\_\_\_ Feet

**MOVEMENT FROM**

Property Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Township \_\_\_\_\_

**MOVEMENT TO**

Property Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Township \_\_\_\_\_

MOVEMENT VIA COUNTY ROAD NO.S \_\_\_\_\_

MOVEMENT DURING DATES OF \_\_\_\_\_ Time \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Owner of Towing Equipment \_\_\_\_\_ Phone \_\_\_\_\_

Owner of Load \_\_\_\_\_ Phone \_\_\_\_\_

Axle No.	1	2	3	4	5	6	7
Spacing	_____	_____	_____	_____	_____	_____	_____
Weight	_____	_____	_____	_____	_____	_____	_____

Permits must be applied for a minimum of 24 Hours prior to moving date so as to be reviewed/issued.  
Permits are required for all loads over the posted or State Statue designated roadway load limits and size limits.  
Permits must be carried in vehicle during the move. Permit Fee is **\$25.00** payable to Wabasha County.  
Notify the Wabasha County Sheriff (651-565-3361) 24 hours prior to move.

**I certify that the above information is correct and agree to comply with all regulations, limitations and conditions that apply to this permit.**

\_\_\_\_\_  
Applicants signature Date \_\_\_\_\_  
\_\_\_\_\_  
Print Applicants Name Tel No. \_\_\_\_\_  
\_\_\_\_\_  
Print Applicants Address, City, State, Zipcode

**THE FOLLOWING TO BE COMPLETED BY WABASHA COUNTY HIGHWAY DEPARTMENT**

Authorization of movement is hereby granted subject to compliance with the provisions of the Minnesota Highway Traffic Regulations Act and under the terms, conditions & restrictions of this permit and is subject to revocation upon non-compliance or alteration.  
SPECIAL REQUIREMENTS (See reverse side for pertinent permit information): \_\_\_\_\_

\_\_\_\_\_  
WABASHA COUNTY ENGINEER DATE \_\_\_\_\_  
PERMIT NOT VALID UNLESS BEARING SIGNATURE.

