

Single Trip Application/Permit

To transport a nondivisible load exceeding statutory size and/or weight.
This form cannot be used for transferring mobile homes/module building sections.

Eau Claire County Highway

5061 US Hwy 53, Eau Claire, WI 54701
Phone: (715) 839-2952 Fax: (715) 578-4893
Email: ecchw@eauclairecounty.gov

*PLEASE READ BELOW:

Please submit at least **2 business days prior to date of move** and with emailed or copy fax of check for permit fee. **Only after copy of check is received will the application be considered.** This permit is for movement of loads on the County Trunk Highway System of **Eau Claire County ONLY.** Movement on State Highways must have a permit from the State. Movement on City, Village or Town roads must have a permit from each local municipality. Utilities & sign movement are the responsibility of the transporter.

TO BE COMPLETED BY APPLICANT

Applicant Name – Vehicle Owner or Lessee			Date of Move		Approx. Times of Transfer		
Address			Insurance Company				
City		State	Zip		Address		
Telephone No ()		Fax No. ()		City		State	Zip
LOAD – Article(s) Transported				Policy Number		Policy Expiration Date	

PERMIT REQUESTED FOR:

Over length

Over width

Over height

Overweight

Type of Move: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Equipment <input type="checkbox"/> Shed <input type="checkbox"/> Farm <input type="checkbox"/> other _____	Width	Length	Height	Weight	Overall
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VEHICLE INFORMATION (Towing Vehicle) <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> other (identify) _____	Make	License No./ID Number	Licensed Weight	State of Registration
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VEHICLE INFORMATION (Unit in Tow) <input type="checkbox"/> Semi-trailer <input type="checkbox"/> Full-trailer <input type="checkbox"/> other (identify) _____	Make	License No./ID Number	Licensed Weight	State of Registration
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Total # of Axles on Tow Vehicle _____

Total # of Axles under unit in Tow _____

Entire Proposed Route

Route Loaded Trip	FROM: (City, Village, Township, Etc.)	TO: (City, Village, Township, Etc.)
	VIA: (Highways)	
Complete if Return Route is Requested	FROM: (City, Village, Township, etc)	TO: (City, Village, Township, Etc.)
	VIA: (Highways)	

ACCEPTANCE OF CONDITIONS:

I, the applicant, certify that the above information is correct. If granted this permit, I agree to comply with all terms and conditions which apply.

X

Signature of Applicant

Date

PERMIT AUTHORIZATION

NOT VALID UNLESS SIGNED

Permit Effective Date/Time: _____

Permit Expiration Date: _____

Permit Fee per County Code: **\$40.00**

Remit to: **Eau Claire County**

Permit Fee Paid Yes Permit number _____

Special Provisions: _____

Authorized Signature Eau Claire County Highway Department

Position

Date

THIS PERMIT SHALL REMAIN WITH THE TOWING VEHICLE DURING THE AUTHORIZED MOVEMENT