

**SINGLE TRIP APPLICATION/PERMIT**

To transport a nondivisible load exceeding statutory size and/or weight

Mail to: Sauk County Highway  
 Dept. P.O. Box 26  
 Baraboo, WI 53913  
 Tel: (608) 355-4855  
 Fax: (608) 355-4398

**Permit is valid for movements on County Trunk Highways Only**

Email to: patrick.gavinski@saukcountywi.gov  
 Overheight  Overweight

PERMIT REQUESTED FOR:  Overlength  Overwidth

**Section A - Customer Please print clearly or type**

1. NAME OF APPLICANT			OWNER OF LOAD		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Area Code/Telephone Number			Area Code/Telephone Number		
<b>Section B - Insurance</b> - The customer has sufficient insurance coverage in full force and effect. Check Group A or Group B. <input type="checkbox"/> <b>Group A</b> - Combined Single Limit \$750,000 <input type="checkbox"/> <b>Group B</b> - Combined Single Limit \$1,000,000			Company		Address
			Policy Number		Expiration

**Section C - Load - Describe Article(s) Transported**

Required: Is your load radioactive?  Yes  No

**Section D - Vehicles Towing Vehicle - Both Plate/State and VIN must be identified**

License#	State	Vehicle Identification Number (VIN)	<input type="checkbox"/> Truck-tractor <input type="checkbox"/> Truck <input type="checkbox"/> Other	Year	Make	Axles	Unit
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**Towed Vehicle - Either Plate/State or VIN must be identified**

License#	State	Vehicle Identification Number (VIN)	Semi-trailer	Full trailer	Dollies	Other	Year	Make	Axles	Unit
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**Section E - Size**

Load	Empty Weight	Loaded Weight	Length		Width		Height	
			Ft.	in.	Ft.	in.	Ft.	in.
Towing Vehicle								
Towed Vehicle								
Overall								

Are Gross Vehicle Weight and Axle Weight both legal?  Yes - Skip Section F  
 No - Complete Section F - **Give overall weight:**

**Section F - Axle Weight/Spacing - Tires - by axle, front to rear**

Axle Number	1 (front)	2	3	4	5	6	7
Number of Pneumatic Tires							
Requested Gross Axle Weight When Loaded (lbs)							
Spacing Between Axles (Ft. In.)							

**Section G - Trip: In detail list exact route that will be traveled.**

Original Trip	From City, Village, Township	To City, Village, Township	Via Highways
	Via Highways - continued		
Return Trip	Are the return dimensions and route the same as the "Original Trip"? <input type="checkbox"/> Yes <input type="checkbox"/> No, On a second application, complete Section A 1, A 2, B, E, F, and G.		Requested Date of move:

**Acceptance of Conditions:** I certify that the statements contained in the application are true and correct and I will comply with all terms and conditions.

**X** \_\_\_\_\_  
 (Customer or Authorized Agent) (Date)

Unit of Government: Sauk County Highway Department	
Approved By: _____	
Title	Date
Permit Effective Date	Permit Expiration Date