Permit No.	Permit No.		
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## COUNTY OF AITKIN OVERSIZE/OVERWEIGHT PERMIT

Application:					
	Na	me of Organization			
Address		City	State	Zip	
Phone	Phone Fax or email (for authorization to be sent		Contact Name		
Length	Width	Height	Wei	Weight	
Description of Load			Dates of Movement	Dates of Movement (max. 3-day)	
Destination:	Route Description (pl	lease include state roads fo	r reference)		
		Owner's Name			
	Load	s Destination Address			
Signatu	are of Applicant	Applicant Date			
Aitkin C	County Highway Departn Phor Fax highw	eted permit applicationent - 1211 Air Park Dr. ne: (218) 927-3741 c: (218) 927-2356 ray@co.aitkin.mn.us rw.co.aitkin.mn.us		31	
Please submit permit reby date needed	equests at least 3 business	s days before movement	to ensure approved p	ermit is received	
Permit:					
The vehicle load lis to the following cor	ted above is hereby a	authorized to be ope	rated on the listed	l route subjec	
• <u>Must comply v</u>	vith all regulations for ov	ersize/overweight loads	l <u>.</u>		
• <u>Traffic is to be</u>	protected at all time by	use of proper warning, e	etc.		
• Movement can	only occur during daylig	ght hours or with a police	e escort at night.		
• <u>No Sunday or l</u>	Holiday movement will l	oe allowed.			
Authorized by:					
Aitkin County Engineer			Dat	Date	