City of Saint Marys

P.O. Box 1994
11 LaFayette Street
Saint Marys, PA 15857
www.cityofstmarys.com

Phone 814-781-1718

Fax 814-834-1304

Agreement # _____
Issue Date _____
Fee _____
Paid

APPENDIX D

APPLICATION
HEAVY HAULING PERMIT FOR POSTED ROADS

Hauler Name _____

Address _____

Telephone # _____ FAX # _____

City road/street to haul on _____ Weight Limit _____

Location: From _____

To _____

Approximate distance _____

Trucks: License plate numbers of <u>all</u> vehicles that will be hauling on said road/street.

Trucks :		Trailers:	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____ Date _____

This permit is not valid until signed by the City Manager or authorized representative

Permit

Permission is hereby granted to _____ for

movement of vehicles in excess of _____ tons over _____ road/street.

_____ _____ _____
City Manager/Street Superintendent Date Expiration Date

THIS PERMIT IS VALID <u>ONLY</u> FOR LICENSE PLATE NUMBERS LISTED ON THIS APPLICATION
THIS PERMIT VALID FOR LEGAL LOADS ONLY
THIS PERMIT IS NOT TRANSFERRABLE