COLUMBIA COUNTY
Highway and Transportation

608-429-2136
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338 Old Highway 16 West
P.O.Box 875
Wyocena, WI 53969-0875

Application is hereby made pursuant to ***Sec. 348.26, Wisconsin Statutes,*** for a permit for a single trip to transport an article which cannot reasonably be divided and which exceeds the statutory size or weight limitations, or both, or for a load consisting of more than one article some or all which exceed statutory size limitations when the statutory gross weight limitations are not exceeded and the additional articles do not cause the vehicle and load to exceed statutory size limits in any way in which such limits would not be exceeded by a single article.

Vehicle and load information

	Towing Vehicle		Towed Vehicle		Load
	☐ Truck	☐ Truck/Tractor	☐ Semi Trailer	☐ Full Trailer	Article or articles transported
	☐ Farm Tractor	☐ Other	☐ Dollies	☐ Other	
Make				**Weight of Articles**	
No. of Axles				**Total Weight of Vehicle & Load**	
License No. & State					

Dimension Information

	Load		Overall Dimensions of Vehicle & Load	
	FEET	**INCHES**	**FEET**	**INCHES**
WIDTH				
HEIGHT				
LENGTH				

PERMIT REQUESTED FOR: (CHECK ALL THAT APPLY)

☐ Overwidth	☐ Overweight	☐ Overheight
☐	☐	

Route: (loaded trip) From: _____ To: _____

Via: (list Roads) _____ Total Miles: _____

Date of Movement: _____ Name of Insurance Co. _____

Owner of Load: _____ Address: _____

Address: _____ Policy No. _____

This is to certify that to the best of my knowledge and belief the statements contained in this application are true and correct, that I have read and understand the conditions of this application, that I will have the required insurance in effect while transporting under this permit, and that if granted a special permit I will comply with all terms and conditions which apply to this movement.

Respectfully submitted,

Date of Application: _____

Name: _____

Address: _____

City, State & Zip: _____

Special Conditions: _____

Mover to Furnish Traffic Escort ☐ Mover to provide Red Warning Flags ☐ Permit Expires _____

Supervisor Approval By _____