



Village Of Carol Stream

500 N. Gary Avenue, Carol Stream, IL 60188-1899

Engineering Department Phone: (630) 871-6220 Fax: (630) 665-1064

OVERSIZE/WEIGHT VEHICLE PERMIT APPLICATION

Date of Application		Type of Permit _____ Single _____ Round Trip _____ Multiple			
Permittee (owner or lessee of vehicle)		Applicant's Name			
Applicant's Address		Applicant's Contact Name, Phone # and Ext		Applicant's Fax #	
Power Unit Description				License No.	
Description of Object or Vehicle to be Moved					
Number of Axles		Gross Weight		Axle Weights (beginning with steer axle)	
Width		Length		Height	
From - (Specify Routes)					
To (Specific Destination)					
Permittee must Comply with Village Ordinance and General Provisions and Special Provisions YOU MUST SIGN HERE SHOWING RECEIPT OF ORDINANCE & GENERAL & SPECIAL PROVISION NUMBERS.					
I am in receipt of Ordinance & General Provisions & Special Provision Numbers: _____ (Permittee Signature)					
This permit must be carried in the vehicle and must be available for inspection by police or Village officials. If you find this permit does not cover the move, the Permittee must contact the Village and have the permit corrected prior to starting the move.					
FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE					
VILLAGE OF CAROL STREAM PERMIT					
Date Issued	Permit Number	Authorized Movement as Described Above with the Following Exceptions and Conditions			
Gross Weight	Axle Weights	Front Tandem (or axle) _____	No Axle Exceeds _____		
	_____ Legal or	Rear Tandem (or axle) _____	No Axle Exceeds _____		
Width	Length	Height	Effective	Expires	Fee
From					
To					
Village of Carol Stream Authorized Signature, Date and Time of Permit Issue _____					
FOR POLICE USE ONLY		Ext. No.		Effective	Expires
For Verification of permit, call one of the above numbers.					
CHECK BY: Ofc.			AGENCY:		
DATE:			REMARKS		