

Butler County Secondary Roads Department
(Valid for one Power Unit Only)

ANNUAL OVERSIZE-OVERWEIGHT PERMIT

Issued by: Butler County Engineer Office
P.O. Box 305
Allison, IA 50602
Ph: 319-267-2630
Fax: 319-267-2625

Permit No: _____

Issued date: _____

Annual Oversize-Overweight Fee = \$400.00

Issued to:	Request Signature
Address:	Phone No: _____ Fax No. _____

Valid: **Annual Oversize - Overweight Permit valid from** _____ **through** _____

dates: **1/2 hour before Sunrise to 1/2 hour after Sunset unless qualified for continuous movement**

Power Unit Year & Make	Power Unit License No & State	Registered Weight	Trailer Make	Trailer License & State
Object or Load	Model Number	VIN	Serial Number	
Overall Length 120'	Width 13' 5"	Height 15' 5"	Total Weight 156,000	Trailer Length Load Length Projections Front: _____ Rear: _____
Axle Weights	Single 20,000	Tandem 40,000	Triple 60,000	Quad Quint Sextet
Axle spacings	_____			

Trip from:	Trip to:
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Route: Prior to move call Engineer's Office to determine if any roadway changes have occurred (319-267-2630)

General Requirements

See General Provisions for escort requirements for over width vehicles
Amber revolving light/strobe light with 360 degree visibility required entire route
Red or orange fluorescent flag required on rear projection.
Amber revolving light/strobe light required on rear projection
Overdimensional signs end flags must be displayed on all overdimensional loads over 75 feet long or over 8 feet 6 inches wide or over 14 feet 4 inches high
Centerline all bridges at 5 mph
Load must slow or stop when necessary to avoid approaching traffic when centerlining

Must carry copy of permit and general provisions dated 8-97 and comply with them.
Speed limit: maximum posted limits unless otherwise specified on the permit.
Road must be clear of ice and snow and visibility must be at least 1/4 mile.
Necessary city and/or state permits must be obtained separately.
Hazardous material must be transported in compliance with applicable federal regulations.

Authorized by: _____ Date _____