

**TYPE 2 PERMIT TO EXCEED
GLADE TOWNSHIP POSTED WEIGHT LIMIT**

PERMIT NO. _____

Name of Applicant: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

This is a Type 2 permit effective beginning _____ and ending _____. This permit authorizes the Applicant or individuals or companies authorized by the Applicant to move over-posted-weight vehicles on _____ Road located within Glade Township from _____ to _____. The Applicant may photocopy this permit and provide it to individuals or companies which the applicant authorizes. **HOWEVER, THE PHOTOCOPIES OF THIS PERMIT WILL BE VALID ONLY IF THE APPLICANT'S SIGNATURE APPEARS IN THE SPACE THAT IMMEDIATELY FOLLOWS:** _____.

This permit is subject to all restrictions set forth in the Glade Township Weight Limit Ordinance, all other applicable rules and regulations as well as the Excess Maintenance Agreement executed between the Township and Applicant.

This permit will be valid only if the owner or operator of the over-posted-weight vehicle appears on the list of authorized users as provided by the Applicant to the Township. This permit authorizes the movement of vehicles in excess of the posted weight limit but does not authorize movement of vehicles that exceed any licensed maximum size or weight limit.

This permit may be revoked at any time by the Township for any reason.

Issuance Date: _____

Title: Glade Township-Road Foreman

**GLADE TOWNSHIP
APPLICATION FOR TYPE 2 EXCESS WEIGHT PERMIT
INSTRUCTIONS**

This is an application for a company or individual that intends to have numerous over-posted-weight vehicles hauling to and from a certain point or across one particular road within Glade Township. The Applicant may make application for a permit which authorizes the use of a particular posted highway or portion thereof by any number of over-posted-weight vehicles. At the time of submitting an application, the Applicant shall pay the fee of \$100.00. Additional materials such as the signing of an Excess Maintenance Agreement or the posting of a bond may be required by the Township. THE INFORMATION BELOW AS TO THE NAMES OF COMPANIES OR INDIVIDUALS WHOM THE APPLICANT AUTHORIZES TO USE THE TYPE 2 PERMIT AND AS TO TOTAL NUMBER OF VEHICLES AUTHORIZED UNDER THE TYPE 2 PERMIT MUST BE PROMPTLY UPDATED BY THE APPLICANT UPON ANY CHANGE. The length of the permit may not exceed one (1) year.

INFORMATION REGARDING APPLICANT

Name of Applicant: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____

**The Applicant requests a Type 2 permit to move a vehicle on _____ Road
from _____ to _____ beginning
_____ and ending _____.**

INFORMATION REGARDING AUTHORIZED USERS OF THE TYPE 2 PERMIT

The Applicant intends to authorize the following individuals or companies to utilize the Type 2 Permit (use the reverse side of this form if necessary):

The total number of over-posted-weight vehicles which the Applicant will authorize to use the Type 2 Permit: _____

I, the undersigned Applicant, hereby certify that the data submitted is correct to the best of my information, knowledge and belief.

Title: _____

Date: _____

(FOR TOWNSHIP USE)

Application Fee Paid on: _____

Excess Maintenance Agreement Signed on: _____

Bond (if any required) submitted on: _____