

Permit Issued By:
 Lee County Engineer
 P.O. Box 158
 Fort Madison, IA 52627

Lee County Secondary Roads

Permit Number:
 Date issued:
 Permit Fee: **\$35.00**

SINGLE TRIP PERMIT

Phone: (319) 372-2541
 Fax No. (319) 372-8198

for the movement of OVERSIZE/OVERWEIGHT LOADS

Section A- Issued to:

Name	Permit Effective Dates
Address	Phone Number
City State Zip Code	Fax Number
Email Address	

Section B- Load:

Describe Article Transported:	Model Number
SME Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Serial Number

Section C - Power Unit & Trailer information:

POWER UNIT INFORMATION- Both Plate/State and VIN must be identified.					TRAILER- Plate/State must be identified	
Make	Year	State/License #	VIN#	Registered Weight	Make:	
					Plate:	
					Length:	

Section D- Dimensions/Weight:

	Overall	Trailer	Load	Front Projection	Rear Projection
Length					
Width					
Height					
Gross Weight					

Section E- Axle Weights/Spacings: Front to rear (required when gross weight exceeds 80,000 lbs.)

Axle Number	1	2	3	4	5	6	7	8
Gross Axle Weight								
Axle Spacing								

Section F- Trip:

Trip From:	Trip To:
Authorized Route:	

Section G- Permit Delivery (check one)

Name	
<input type="checkbox"/> Mailing Address	
<input type="checkbox"/> Fax	<input type="checkbox"/> Email

Acceptance of Conditions: I certify that statements contained in the application are true and correct and I will comply with the General Provisions dated 01-2014.

X _____
 (Customer or Authorized Agent) Date

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