



OVERSIZED PERMIT APPLICATION

PLEASE ALLOW A MINIMUM OF 48 HOURS FOR APPROVAL PROCESS

**Section A
Applicant Information**

Permit Fee: \$20.00

One Time Use

Annual

**(good until end
of year and under 12 foot only)**

Requested Start Date _____ Expiration Date _____

Legal Name – Vehicle Owner or Lessee	Company Name	Phone Number
Billing Address	Apt./Suite	Fax Number
City State Zip	Email Address	

**Section B
Dimensions / Weight**

Vehicle Year	Vehicle Type/Make	State/License Number
Trailer Year	Trailer Type/Make	State/License Number
Width of Load (if greater than 9.5 feet and under 12 foot only for annuals)	Height of Load (if greater than 14 feet)	Gross Vehicle Weight
Axle Weights Required (See page 2 for diagram template)		
Description of Load:		

**Section C
Detailed Route Description**

Origin (list address if in Sioux Falls)	Destination (list address if in Sioux Falls)
Route	

It is the responsibility of the OPERATOR to verify that the route is free of restriction. The route shall be free of any streets which have structures with reduce weight restrictions. This permit is for the hauling of single over width/over length piece of equipment, and shall not be used for the transportation of materials to and from a construction site.

Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with all the rules, regulations, and City and State Code.

X

_____ Date
Customer or Authorized Agent

Fax to City Engineering Division at 605-367-4310 or email to engineering@siouxfalls.org

