



DEPARTMENT OF PUBLIC WORKS

RIGHT OF WAY: TEMPORARY WEIGHT LIMIT WAIVER

Date Request Submitted: _____

Company Name & Address: _____

Contact Name: _____ Phone Number: _____

Cell Number: _____ Fax Number: _____

Site Location: _____

Map - Lot #

Description for Waiver Request (one form per vendor /per day/ per site) : _____

Vehicle/Plate Number: _____ Load Weight: _____

Requested Start date: _____ **Requested Start Time:** _____

VALID MONDAY THROUGH FRIDAY ONLY - NO WEEKENDS ALLOWED

Applicants Signature

FOR OFFICE USE ONLY

A COPY OF THE APPROVED WAIVER MUST BE WITH VEHICLE

Waiver is approved subject to the following conditions:

- Access is limited to **before** _____ **A.M.** []
- Access is limited to (date) _____ []
- Access is limited to truck size _____ []
- Other reasons: _____ []
- DENIED DUE TO: _____ []

Signature of Director of Public Works or designee:

Date Approved

cc: Highway Superintendent
Road Posting File

Faxed to: _____

Date: _____ Time: _____

Sent By: _____