OVERSIZED VEHICLE PERMIT APPLICATION



REQUIRED TO BE SUBMITTED AT LEAST 14 DAYS PRIOR TO TRANSPORT

PROJECT INFORMATION	
Property Address:	Property Owner:
	Owner Email: Contractor Name:
Driver Name:	Driver Phone:
Please List Items to be Delivered:	
Intended Date of Delivery:	Duration of On-Site Delivery:
	Width: Height:
	Crane Width with Outriggers:
ROADWAY INFORMATION	
Police Escort Requested? ☐ Yes ☐ No	Lane Closures at Site: ☐ None ☐ One Lane ☐ Complete Road Closure
Off-Mountain Staging Location (if applicable):	(Note: There are NO public staging areas within Town limits)
and regulations pertaining to the travelling public and oversized ve to and during transport. I understand that Beech Mountain freq	blication, I will adhere to the requests of the Police Chief. I will follow all applicable laws ehicles. I will communicate with the Police Chief and any other requested authority prior quently has adverse weather conditions, which may require a delay in my transport. I lteration to or revocation of this permit application at any time. Failure to adhere to the r enforcement penalties.
Signature:	Date:
PLEASE RETURN COMPLETED APPLICATIONS TO THE POLICE	E CHIEF IN PERSON OR BY EMAIL TO <u>tbarnett@townofbeechmountain.com</u>
☐ Satisfactory ☐ Unsatisfactory* ☐ Additional Information	Needed* Comments*
Signature:	
PLANNING AND INSPECTIONS	
☐ Satisfactory ☐ Unsatisfactory* ☐ Additional Information	Needed* Comments*:
Signature:	
PUBLIC WORKS	
☐ Satisfactory ☐ Unsatisfactory* ☐ Additional Information	Needed* Comments*:
Signature:	Date: