



VILLAGE OF CALEDONIA
 5043 CHESTER LANE • RACINE, WI 53402
 PHONE (262) 835-6420

**APPLICATION FOR (SINGLE TRIP)
 OVER-SIZE-OVER-WEIGHT PERMIT**

Permit No.
Parcel No.
Receipt No.

Permit Customer No. - If Available PC-		Date of Move (Valid for two (2) weeks)	
Legal Name - Vehicle Owner of Lessee		Doing Business As (D/B/A)	
Applicant or Contractor Address, City, State & Zip		Federal Employer Identification No.	Social Security No. (Optional)
Applicant or Contractor Email		U.S. DOT Number	WI Account No.
Applicant or Contractor Phone ()	County	Contact Name for DOT to call if questions / Contact Phone	

Type of Load Mobile Home Modular Building Section Serial No. Other _____

Type of Vehicles

Power Unit - Various - Drive axle must have dual wheels.	State	Year	Make	No. of Axles
Towed Vehicle - Mobile Home Serial Number	X			
Modular Building Section Towed On <input type="checkbox"/> Dollies <input type="checkbox"/> Undercarriage <input type="checkbox"/> Other	Undercarriage License of Vehicle Identification No.			

Size	Length		Width		Height		Modular Building Section Details	Feet	Inches
	Feet	Inches	Feet	Inches	Feet	Inches			
Load							Roof overhang on the right hand side		
Power unit							Roof overhang on the left hand side		
Towed Vehicles							Modular Building Section wall to wall width		
Overall									

Insurance - The customer has the insurance coverage indicated in full force and effect. Check Group A or Group B

Group A Permitted dimensions cannot exceed: 12 ft. wide, 13 1/2 ft. high, 100 ft. long, 125% of statutory GVW

Group B Permitted dimensions: Dimensions exceeding Group A

Insurance Level Required:
 Bodily Injury Liability-each person \$150,000
 Bodily Injury Liability-each accident \$450,000
 Property Damage Liability-each accident \$300,000
 OR Combined Single Limit \$750,000

Insurance Level Required:
 Bodily Injury Liability-each person \$200,000
 Bodily Injury Liability-each accident \$600,000
 Property Damage Liability-each accident \$400,000
 OR Combined Single Limit \$1,000,000

Trip Details

Original Trip	From City, Village, Township	To City, Village, Township
	Via Highways	
Return Trip	If return trip is requested, are the return dimensions and route (in reverse direction) the same as the "Original Trip"? Yes ___ No ___ *If No, on a second application, check Return Trip box at top, complete the Applicant/Contractor, Size, Insurance, and Trip sections.	

* Acceptance of Conditions: I, the customer or authorized agent, certify that the statements contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions that apply. ***Submit application at least 48 business hours prior to desired trip date.***

SIGNATURE OF APPLICANT _____ **DATE** _____

PERMIT TYPE:	FEES:	PAYMENT TYPE:
Over-Size-Over-Weight (per trip)	Amount Due.....\$100.00	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit / Debit <input type="checkbox"/> Date: _____

APPROVED BY: _____ **DATE** _____

Contact Public Services Director @262-835-6416 / abunkelman@caledonia-wi.gov