City of Danville
Department of Community Development

OVERWEIGHT AND OVER WIDTH LOADS APPLICATION

TO TRAVEL ON DESIGNATED ROUTES IN THE CITY OF DANVILLE, ILLINOIS

PERMISSION IS HERBY GRANTED TO:

COMPANY NAME: _____

CONTACT:_____

ADDRESS: _____

PHONE:_____ **FAX:**_____

FOR THE MOVEMENT OF:

LOAD INFO: _____

ROUTE TO BE TAKEN: _____

_____

_____

SIZE:_____ **DATE:** _____

The Permittee shall be responsible for any and all damages that may occur during this move, to any objects along the route, such as overhead wires, poles, signs, street inlet castings, traffic signal standards, etc.

The Permittee shall have property damage and public liability insurance in effect to meet any and all State of Illinois requirements, to be in effect during the life of this permit.

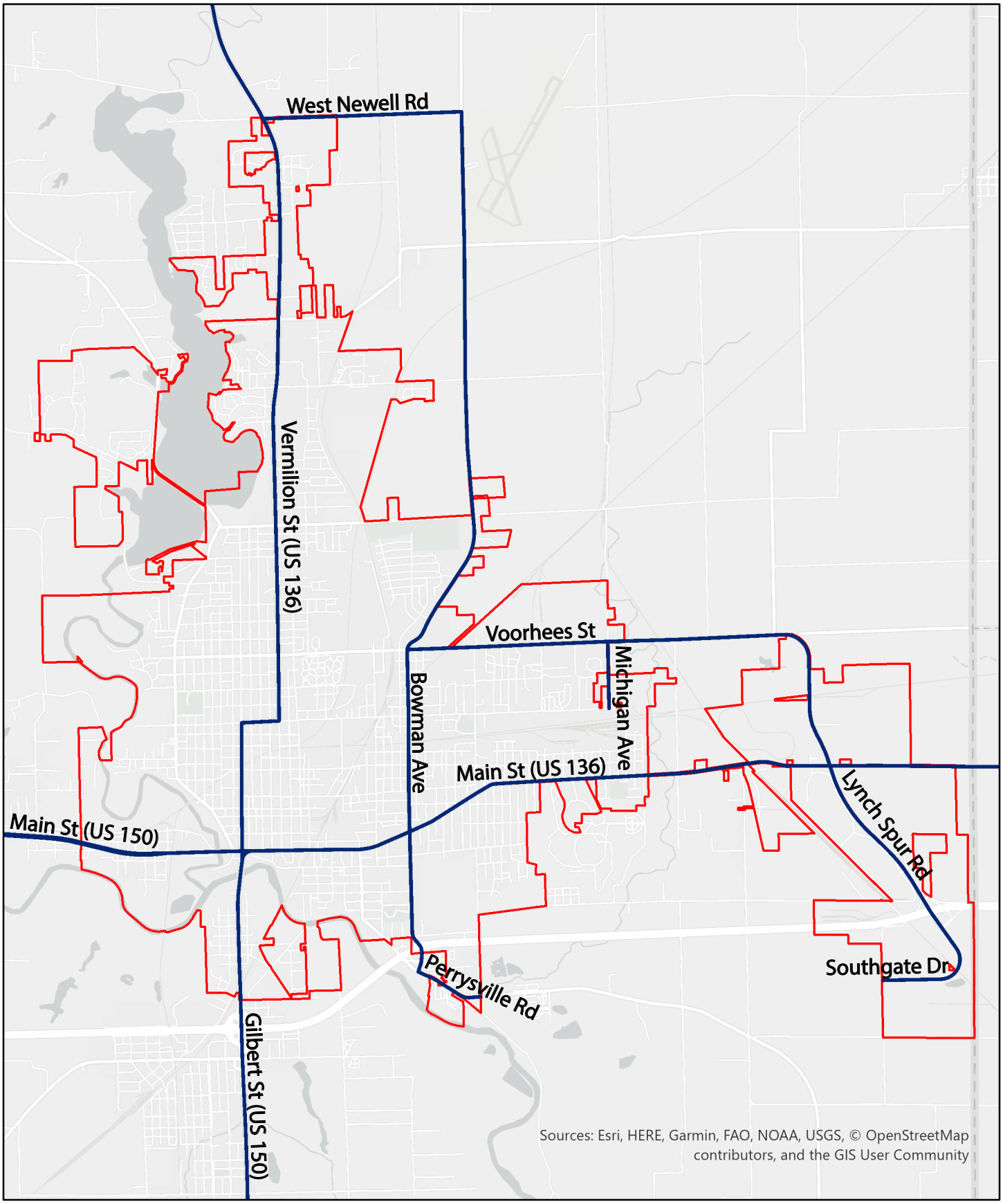
Return to: Fax Number (217) 431-3444 or email at permits@cityofdanville.org

I hereby accept these conditions with reservations.

SIGNED_____
Person, Firm or Corporation to Whom The Permit is Issued

----------*TO BE COMPLETED BY CITY STAFF*----------

Approved by: _____ **Issue Date:** _____

This permit shall be void after seven (7) days from date of issue.

Designated Truck Routes