

# APPLICATION FOR ANNUAL EXCESS SIZE/WEIGHT PERMIT

## DOUGLAS COUNTY, KANSAS

Annual Permit General Information:

\*A permit will not be issued until Douglas County Public Works receives proof of insurance for all vehicles listed on annual permit (or blanket policy) and the full \$300 annual permit base fee as outlined in section 9-610 of Resolution No. HR-10-4-2.

\*Insurance must be valid for one year from this date, or new proof of insurance must be provided immediately upon expiration. If valid insurance is not on file with Douglas County Public Works, this annual permit will be revoked.

\*Permits must be filled out in their entirety

\*Permits will be valid on Douglas County Routes only. Township roads within Douglas County may be traveled with permission from respective Township Trustee and Douglas County.

\*Permits will be available for up to 3 vehicles per applicant. Vehicle information must be filled out in its entirety below. (If more vehicles are required they may be written below line, please call to verify 785-832-5293)

\*Permits may not be transferred to another owner or vehicle not listed below.

\*Permits will be only valid for the maximum dimensions listed in part 2e. of ANNUAL PERMIT REGULATIONS outlined in Douglas County Oversize/Overweight Permit rules and regulations.

Maximum Weight = 150,000 lbs    Maximum Height = 15 feet    Maximum Width = 16 feet 6 inches  
 Maximum Axle Weights: Single non-drive axle=22,000 lb. Single drive axle=24,000 lb.  
 Tandem=45,000 lb. Triple=60,000 lb. Quad or more=65,000 lb.

**I. APPLICANT**

A. APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

B. COMPANY NAME: \_\_\_\_\_

C. COMPANY ADDRESS: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

D. COMPANY TELEPHONE NO.: (     ) \_\_\_\_\_ - \_\_\_\_\_

E. FAX NO.: (     ) \_\_\_\_\_ - \_\_\_\_\_

F. EMERGENCY TELEPHONE NO. (     ) \_\_\_\_\_ - \_\_\_\_\_

G. VEHICLES OWNER: \_\_\_\_\_ TELE. NO.: (     ) \_\_\_\_\_ - \_\_\_\_\_

**II. VEHICLES:**

| VIN (last 5 digits) | Y<br>E<br>A<br>R | MAKE | RGVW<br><small>Registered Gross Vehicle<br/>Weight</small> | LICENSE<br>STATE | LICENSE<br>NUMBER | UNIT<br>NUMBER |
|---------------------|------------------|------|--|------------------|-------------------|----------------|
| 1.)                 |                  |      |  |                  |                   |                |
| 2.)                 |                  |      |  |                  |                   |                |
| 3.)                 |                  |      |  |                  |                   |                |

- III. INSURANCE CO.: \_\_\_\_\_
2. POLICY NO.: \_\_\_\_\_
3. EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. BODILY INJURY/PROPERTY DAMAGE COVERAGE AMOUNT: \$ \_\_\_\_\_
5. AGENT NAME: \_\_\_\_\_
6. AGENT TELEPHONE NO.: (        ) \_\_\_\_\_ - \_\_\_\_\_

IV. REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- V. BASE ANNUAL PERMIT APPLICATION FEE \$300.00  
 (make Certified Check Payable to Douglas County Public Works)  
 (you may also pay with credit card, call office to submit. 2.35% processing fee)

- VI. SIGNATURE AND DATE  
**Applicant hereby agrees to abide by all applicable laws, rules, and regulations pertaining to the Douglas County excess size/weight road use policy.**

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUBMIT APPLICATION BY MAIL OR FAX TO:

Douglas County Public Works  
 Attn: Move Permit  
 3755 E. 25<sup>th</sup> Street  
 Lawrence, KS 66046

Fax No. (785) 842-1201

Telephone No. (785) 832-5293

|                 |
|-----------------|
| OFFICE USE ONLY |
|-----------------|

DATE APPLICATION RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE APPLICATION FEE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMIT APPROVAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (valid for one year from this date)

INITIALS: \_\_\_\_\_

PERMIT DENIAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INITIALS: \_\_\_\_\_