10 N WATER STREET SOUTH ELGIN, IL 60177 847-741-2151 SOUTHELGIN.COM



INTEGRITY
PROFESSIONALISM
COMPASSION
COMMUNITY

CHIEF OF POLICE JERRY KRAWCZYK

OVERWEIGHT / OVERSIZED VEHICLE LICENSE APPLICATION

Please email this application to: pdrecords@southelgin.com. Understanding that this license is being applied for in advance, once you receive the permit number, please go online to www.southelgin.com and make a one-time payment. Records will then email a copy of the final permit to you.

REQUESTER INFORMATION

APPLICANT NAME								
BUSINESS NAME								
ADDRESS (CITY, STATE, ZIP)								
PHONE				EMAIL	EMAIL			
VEHICLE INFORMATION								
VEHICLE DESCRIPTION								
LICENSE PLATE						STATE		
OBJECT / EQUIPMENT DESCRIPTION								
TOTAL NUMBER OF AXLES			AXLE WEIGHT (ALL SINGLE, TANDEM OR SERIES AXLES)					
GROSS VEHICLE WEIGHT RATING (GVWR)				TOTAL WIDTH / LENGTH / HEIGHT OF VEHICLE & LOAD				
ROUTE REQUESTED INCLUDE SPECIFIC LOCATIONS				·				
TYPE OF LICENSE REQUESTED		DATE(S) BEING REQUESTED						
		R	OUND TRIP:			MULTIPL	E	

\$80

**Valid for

14 Days

ROUTING:

\$150

***Valid for 120 Days

SINGLE TRIP: \$50

*Valid for 7 Days

ACKNOWLEDGEMENT & SIGNATURE

I/We the undersigned, affirm that the above statements are true; that we are authorized to sign this document on behalf of this business/organization. In addition, that we are in compliance with all operation requirements; all dimension & weight limitations specified will not be exceeded; all operation, registration & license requirement are in compliance and all financial requirements have been met. I/we assume all responsibility for injury or damage to persons or to public property, including object(s) being transported, caused directly or indirectly by the transportation of vehicles & objects authorized under the license. I/we agree to hold the Village of South Elgin harmless from all suits, claims, damages, or proceedings of any kind & indemnify the Village of South Elgin for any claim it may be required to pay arising from the movement & that we agree to the special conditions noted, if any; that we are familiar with & agree to abide by the Ordinances of the Village of South Elgin, Title VII, Chapter 71.06 & Illinois State Statutes, Section 625 ILCS 5/15-102, 103, 107 & 111 which apply to this business & that we understand that a violation of the ordinances or special conditions may result in suspension or revocation of the license as well as other penalties which may be provided by ordinance.

Date:

Applicant Signature:

	For Office Use Only	
Date Received:	Received By:	

Approved By:

Amount Paid:

(Yes / No)

Date Approved: License Fee Paid?