

10 N. Water Street
847-741-2151
847-888-0052 Fax

Village of South Elgin Police Department

www.southelgin.com

Hours of Operation
Monday - Friday
8:30 am - 5:00 pm
24-Hour 911

OVERWEIGHT AND/OR OVERSIZED VEHICLE LICENSE APPLICATION

This application may be emailed to: pdrecords@southelgin.com - Understanding that this license is being applied for in advance, please provide a copy of the check you will be sending as payment.

SECTION A: APPLICANT INFORMATION

Name of the Owner or Lessee of the Vehicle: _____

Address: _____
(Include City, State and Zip Code)

Applicant's Name: _____

Phone: _____ Fax: _____ Email: _____

SECTION B: LICENSE REQUEST INFORMATION

- Type of License Request: Single Trip - \$50 - Valid for 7 Calendar Days
 Round Trip - \$80 - Valid for 14 Calendar Days
 Multiple Routing - \$150 - Valid for a period not to exceed 120 Calendar Days

Description and License Plate of Vehicle: _____

Description of Object/Equipment or Vehicle or Combination: _____

Axles of Vehicle or Combination: _____ Axel Weight of all single, tandem or Series Axels: _____

Gross Weight of Vehicle: _____ Width/Length/Height of Vehicle and Load: _____

Origin of Load within Illinois, or Stateline if the origin is outside the jurisdiction of the Village: _____

(Attach copies of all county or State of IL licenses)

Requested Routing including specific locations: _____

SECTION C: ACKNOWLEDGEMENT AND 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 I/we affirm that we are in compliance with all operation requirements; all dimension and weight limitations specified will not be exceeded; all operation, registration and 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 and 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 and indemnify the Village of South Elgin for any claim it may be required to pay arising from the movement and that we agree to the special conditions noted, if any; that we are familiar with and agree to abide by the Ordinances of the Village of South Elgin, Title VII, Chapter 71.06 and Illinois State Statutes, Section 625 ILCS 5/15-102, 103 , 107 and 111 which apply to this business and 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.

Applicant Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Received by: _____
Date Approved: _____ Approved by: _____
License Fee Paid: _____