



# SPOKANE COUNTY PUBLIC WORKS OVERSIZED MOVING PERMIT APPLICATION

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Requested Route: \_\_\_\_\_

\_\_\_\_\_

Requested Move Date: \_\_\_\_\_

Description of Load(s): \_\_\_\_\_

Truck:   Width                      Loaded Weight                      Height                      Length

No. & Type of Axles:

Truck \_\_\_\_\_ # Tires \_\_\_\_\_ Trailer \_\_\_\_\_ #Tires \_\_\_\_\_

Truck Tire Size & Axle Weight:

Front \_\_\_\_\_ Tag \_\_\_\_\_ Duals/Singles \_\_\_\_\_ Truck Wt \_\_\_\_\_

**(front axle wt required for permit)**                      **(circle duals or singles)**

Trailer tire size & axle wt \_\_\_\_\_ Duals/Singles \_\_\_\_\_ Trailer Wt \_\_\_\_\_

**(circle duals or singles)**

License No(s). Truck \_\_\_\_\_ Trailer \_\_\_\_\_

State Overweight Permit No. \_\_\_\_\_ Axle Spacing Report \_\_\_\_\_

Signature \_\_\_\_\_