

JOHN JACOBS, Chairman  
 DAVID BROWN, Vice Chairman  
 MICHAEL SCHNEIDER, Member

BOARD OF SUPERVISORS  
 West Vincent Township  
 729 St. Matthews Road  
 Chester Springs, PA 19425-3301  
 610-458-1601 610-458-1603  
[www.westvincentwp.org](http://www.westvincentwp.org)

ERICA BATDORF  
 Township Manager

**APPLICATION/PERMIT TO EXCEED POSTED WEIGHT OR SIZE LIMIT**

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

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

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

This Application is to exceed (check one or both)  Weight Limit  Size Restriction on a  
 (Check one)  Highway  Bridge

The posted restriction is \_\_\_\_\_ and is located at or between \_\_\_\_\_.

This Application is for \_\_\_\_\_ trips. Beginning \_\_\_\_\_  
 (Number)

Gross Weight \_\_\_\_\_

Type of Load \_\_\_\_\_

Registered Gross Weight \_\_\_\_\_

Equipment/Axles \_\_\_\_\_

Total Length \_\_\_\_\_

Truck License/St \_\_\_\_\_

Total Width \_\_\_\_\_

Trailer License/St \_\_\_\_\_

Total Height \_\_\_\_\_

Axle Number	Axle weight Vehicle Only	Total Axle Weight Vehicle and Load	Manufacturer's Rated Axle Capacity	Distance from Previous Axle	With of Axle (Center to Outside Wheel)	Number of Wheels	Tire Size	Vehicle Registration Number

Insurance Co.	Policy Number	Effective Period	Liability Coverage	Property Damage

I, the undersigned hereby certify that the data submitted is correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Issuance Date: \_\_\_\_\_

Township Engineer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Township Manager: \_\_\_\_\_