

**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)

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

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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 \_\_\_\_\_

Axis Number	Axis weight Vehicle Only	Total Axis Weight Vehicle and Load	Manufacturer's Rated Axis Capacity	Distance from Previous Axis	With of Axis (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 date submitted is correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

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