

TOWN OF VERONA PUBLIC WORKS DEPARTMENT 335 NORTH NINE MOUND ROAD VERONA WI 53593-1035 (608) 845-7187 FAX: (608) 845-7143	PERMIT #
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APPLICATION AND PERMIT FOR ROAD HAUL-
Complete the following sections thru ++

DATE	NAME OF COMPANY	
POSTED ROAD NAME	NAME OF REPRESENTATIVE OR PROJECT MANAGER MAKING REQUEST	
ESTIMATED STARTING DATE		
ESTIMATED COMPLETION DATE	ADDRESS	
NAME - PERSON HAULING MATERIAL	OFFICE PHONE	CELL PHONE
FAX NO.	FAX NO.	EMAIL ADDRESS
NAME OF RESIDENT/Property Owner	ADDRESS OF DESTINATION	
NUMBER OF LOADS	EMPTY WEIGHT	LOADED WEIGHT

In consideration of being permitted to TRAVEL THE ABOVE NAMED TOWN ROAD - I CERTIFY THAT SUCH ROAD IS REQUIRED TO DELIVER THE FOLLOWING TYPE OF PRODUCT:

I agree that I will comply with State of WI, County of Dane and Town of Verona ordinances and I understand that this permit may be voided by the TOWN CHAIR OR DESIGNEE if the conditions for approval are not in compliance.

SIGNATURE _____ DATE _____

PRINT/TYPE Full Name	CONTACT INFORMATION
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CONDITIONS OF APPROVAL

- 1) _____
- 2) _____

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Town of Verona subject to full compliance by the applicant with all provisions and conditions stated herein.

Conditional Approval by Town Chair or Designee	DATE
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FEES PD (IF ANY):	DATE		REV 9/1/2007
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