

BUCHANAN COUNTY

Permit No. _____

Permit Issued By: **BUCHANAN COUNTY**
SECONDARY ROAD DEPT.
 1511 1ST. STREET EAST
 INDEPENDENCE, IA 50644
 (319) 334-6031
 FAX (319) 334-9951

- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> OTC | <input type="checkbox"/> CCIS | <input type="checkbox"/> Xero Fax |
| <input type="checkbox"/> Self-issue | <input type="checkbox"/> Transceiver | <input type="checkbox"/> Transcom |
| <input type="checkbox"/> Co. Fax | | |

Send To	Date	Fax Number																		
Address		Check/Cash/Charge/VC																		
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Single Trip \$ _____</td> <td><input type="checkbox"/> SME for Mobile Home \$ _____</td> <td><input type="checkbox"/> Travel Authority # _____</td> </tr> <tr> <td><input type="checkbox"/> Annual \$ _____</td> <td><input type="checkbox"/> Weight Increase \$ _____</td> <td><input type="checkbox"/> Exempt _____</td> </tr> <tr> <td><input type="checkbox"/> All Systems \$ _____</td> <td><input type="checkbox"/> Hunters \$ _____</td> <td><input type="checkbox"/> Regulated _____</td> </tr> <tr> <td><input type="checkbox"/> SME \$ _____</td> <td><input type="checkbox"/> Soil Conservation \$ _____</td> <td><input type="checkbox"/> Fee Receipt \$ _____ # _____</td> </tr> <tr> <td><input type="checkbox"/> Bridge Exempt \$ _____</td> <td><input type="checkbox"/> Mailing Fee \$ _____</td> <td><input type="checkbox"/> truck <input type="checkbox"/> tractor <input type="checkbox"/> L.C.</td> </tr> <tr> <td><input type="checkbox"/> Revision (No. chg.)</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Single Trip \$ _____	<input type="checkbox"/> SME for Mobile Home \$ _____	<input type="checkbox"/> Travel Authority # _____	<input type="checkbox"/> Annual \$ _____	<input type="checkbox"/> Weight Increase \$ _____	<input type="checkbox"/> Exempt _____	<input type="checkbox"/> All Systems \$ _____	<input type="checkbox"/> Hunters \$ _____	<input type="checkbox"/> Regulated _____	<input type="checkbox"/> SME \$ _____	<input type="checkbox"/> Soil Conservation \$ _____	<input type="checkbox"/> Fee Receipt \$ _____ # _____	<input type="checkbox"/> Bridge Exempt \$ _____	<input type="checkbox"/> Mailing Fee \$ _____	<input type="checkbox"/> truck <input type="checkbox"/> tractor <input type="checkbox"/> L.C.	<input type="checkbox"/> Revision (No. chg.)		
<input type="checkbox"/> Single Trip \$ _____	<input type="checkbox"/> SME for Mobile Home \$ _____	<input type="checkbox"/> Travel Authority # _____																		
<input type="checkbox"/> Annual \$ _____	<input type="checkbox"/> Weight Increase \$ _____	<input type="checkbox"/> Exempt _____																		
<input type="checkbox"/> All Systems \$ _____	<input type="checkbox"/> Hunters \$ _____	<input type="checkbox"/> Regulated _____																		
<input type="checkbox"/> SME \$ _____	<input type="checkbox"/> Soil Conservation \$ _____	<input type="checkbox"/> Fee Receipt \$ _____ # _____																		
<input type="checkbox"/> Bridge Exempt \$ _____	<input type="checkbox"/> Mailing Fee \$ _____	<input type="checkbox"/> truck <input type="checkbox"/> tractor <input type="checkbox"/> L.C.																		
<input type="checkbox"/> Revision (No. chg.)																				
Total Fee Collected _____		<input type="checkbox"/> Annual Route Approval Permit # _____ Expiration Date _____																		

Issued To	
Address	City/State/Zip
Mobile Home Destination Address	Mobile Home - Owner's Name
	Title No.
Power Unit Year & Make	Power Unit License No. & State
Power Unit License Class	Trailer Make
	Trailer License No. & State
Object or Load	Serial No.
	S.M.E. Plate No.
	<input type="checkbox"/> Towaway <input type="checkbox"/> Self-Propelled
Overall Length	Width
Height	Total Weight
Trailer Length	Load Length
Projections	Front _____ Rear _____
Axle Weights	Single
	Tandem
	Triple
	Quad
Axle Spacing	
Trip from	Trip to
Routes	

GENERAL REQUIREMENTS:

<input type="checkbox"/> Civilian front escort	<input type="checkbox"/> With mounted height pole	<input type="checkbox"/> Civilian rear escort	<input type="checkbox"/> Amber revolving light/strobe light with 360° visibility	<input checked="" type="checkbox"/> Speed limit max 45 mph primary/55 mph interstate. Minimum 40 mph interstate.
<input type="checkbox"/> Required on Highway _____	<input type="checkbox"/> Required entire route	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Must carry copy of permit and general provisions dated 5/95 and comply with them.
<input type="checkbox"/> Law enforcement escort	<input type="checkbox"/> On interstate or four-lane highway amber revolving light or strobe light is required on rear of factory built structure or mobile home and on toting vehicle. Front escort required on two-lane primary highway.			<input type="checkbox"/> Utility & power line crews required
<input type="checkbox"/> SME plate must be displayed				<input checked="" type="checkbox"/> Road must be clear of ice and snow and visibility must be at least 1/4 mile
<input type="checkbox"/> Overdimensional signs and flags must be displayed.				<input checked="" type="checkbox"/> No movement allowed on I-235 (Des Moines) weekdays from 7 a.m. to 9 a.m. and 4 p.m. to 6 p.m.
<input type="checkbox"/> Centerline all bridges on primary at 5 mph. Interstate at 40 mph.				<input checked="" type="checkbox"/> Necessary city and/or county permits must be obtained separately.
<input type="checkbox"/> Centerline all bridges at normal speed or travel in normal lane on bridges at 5 mph. Interstate at 40 mph.				<input type="checkbox"/> Round Trip - Return by reverse route within same five days
<input type="checkbox"/> Load must slow or stop when necessary to avoid approaching traffic when centerlining.				
<input checked="" type="checkbox"/> Hazardous materials must be transported in compliance with applicable federal regulations.				
<input type="checkbox"/> Run around clearance on route # _____	<input type="checkbox"/> Run marked detour on route # _____			
<input type="checkbox"/> Special Requirement _____				

Valid Dates _____	<input type="checkbox"/> Sunrise to Sunset	<input type="checkbox"/> Continuous
Requested By _____	Phone No. _____	Permit Officer _____

Disclosure Statement: The information furnished on this application will be used by the Department of Transportation to prepare and issue permits. All information applicable to a given permit is required and is public information. Failure to complete the application as required will result in denial of permit. Permit issuing authorities will not be responsible for any damages that are the result of the move. The State of Iowa, the Iowa Department of Transportation, and any other permit issuing authority assume no responsibility for the property of the permit holder.