

TOWN OF SHELBURNE

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit

FLEET

(\$10.00 FEE)

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: _____

Address: _____

Contact: _____ Phone: _____

Type of Vehicle	# of Axles	Product Carried	Max. Weight Requested	Max. Weight Approved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** Approved for the following highways only: THIS PERMIT AUTHORIZES TRAVEL UP TO STATE REGISTERED WEIGHT ONLY ON WEBSTER RD. TO SPEAR ST., SOUTH ON SPEAR ST. TO BISHOP RD., EAST ON BISHOP RD. TO SLC AND RETURN.**

The following restrictions apply: NO TRAVEL ON POND RD., BOSTWICK RD., OR SPEAR ST. BETWEEN IRISH HILL RD. AND THOMAS RD. (Formerly Spear St. Ext.)

This approval shall be effective for no more than a one year period ending March 31, 200 . This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a(c) and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title: _____ Date: _____
(Town of Shelburne Duly Author. Agent)

NOTE: A copy of this permit must be carried in each permitted vehicle at all times. Shelburne Limestone will notify each and every customer of the requirement to obtain a weight permit from the Town of Shelburne.

Effective July 1, 1994, a Vermont State Permit is not required to operate on local highways and bridges.

Return completed form to: Town of Shelburne, ATTN: Judy Lance, P.O. Box 88, Shelburne, VT 05482. Fax (802) 985-9550. Questions? Call Judy at (802) 264-5031.

TOWN of SHELBURNE

Vermont Agency of Transportation
Department of Motor Vehicles
Uniform Municipal Excess Weight Permit

SINGLE VEHICLE
(\$5.00 FEE)

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: _____
Address: _____
Contact: _____ Phone: _____

<u>Type of Vehicle</u>	<u># of Axles</u>	<u>Product Carried</u>	<u>Max. Weight Requested</u>	<u>Max. Weight Approved</u>
_____	_____	_____	_____	_____
<u>Year & Make</u>		<u>Registration #</u>		<u>VIN</u>
_____		_____		_____

*** Approved for the following highways only: THIS PERMIT AUTHORIZES TRAVEL UP TO STATE REGISTERED WEIGHT ONLY ON WEBSTER RD. TO SPEAR ST., SOUTH ON SPEAR ST. TO BISHOP RD., EAST ON BISHOP RD. TO SLC AND RETURN.**

The following restrictions apply: NO TRAVEL ON POND RD., BOSTWICK RD., OR SPEAR ST. BETWEEN IRISH HILL RD. AND THOMAS RD. (Formerly Spear St. Ext.)

This approval shall be effective for no more than a one year period ending March 31, 200 .
This approval covers only the vehicle listed above.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a(c) and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: _____ Title: _____ Date: _____
(Town of Shelburne Duly Author. Agent)

NOTE: A copy of this permit must be carried in each permitted vehicle at all times. Shelburne Limestone will notify each and every customer of the requirement to obtain a weight permit from the Town of Shelburne.

Effective July 1, 1994, a Vermont State Permit is not required to operate on local highways and bridges.

Return completed form to: Town of Shelburne, ATTN: Judy Lance, P.O. Box 88, Shelburne, VT 05482. Fax (802) 985-9550. Questions? Call Judy at (802) 264-5031.