2016 TOWN OF GEORGIA
VT AGENCY OF TRANSPORTATION-DEPARTMENT OF MOTOR VEHICLES
MUNICIPAL EXCESS WEIGHT PERMIT

SINGLE VEHICLE / FLEET (CIRCLE ONE)

Approval is hereby given for the granting of a single vehicle/fleet 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 (s) of Vehicles (s)	# of Axles	Product Carried	Max. Weight Requested	Max. Weight Approved

Approved for the following highways (list may be attached)

_____

_____

_____

The following restrictions apply:

1. All Town of Georgia Highways are posted for 24,000 lbs and overweight permits required for any loads in excess of 24,000 lbs.

2. The following restrictions apply to all trucks exceeding the posted weight limits:

a. All Class 3 Town Roads are posted for a maximum of 40,000 lbs.

b. Trucks must follow posted routes. Town Highways to be used for local deliveries/pickups only; no through traffic. Use State Highways for through traffic. Special permits required for any overweight through traffic, filed 48 hours in advance.

c. No overweight trucks on Town Highways between March 1 and April 30, except, by special permit filed 48 hours in advance. Contact Road Foreman (524-3323), Road Commissioner (524-4705), or the Town Administrator (524-9794)

This approval shall be effective for no more than a one year period ending March 31, 2017. 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 number, maximum weight and registration number.

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:_____