



THE CORPORATION OF THE TOWNSHIP OF NORWICH

OVERSIZE MOVING PERMIT

DATE: _____

THIS PERMIT IS ISSUED TO:

Name: _____

Address: _____

Telephone: _____

TO MOVE AN OVERSIZE LOAD SIZE:

_____ *By* _____ *By* _____
Width (M) *Length (M)* *Height (M)*
(including truck or other conveyance)

NUMBER OF AXLES: _____

MAX. AXLE WEIGHT: _____

ON THE FOLLOWING ROADS:

From _____ To _____

THIS PERMIT APPLIES ONLY TO ROADS UNDER THE JURISDICTION OF THE TOWNSHIP OF NORWICH AND EXPIRES ON:

_____ *Date of Move* _____ *Time Ending*

APPROVED NOT APPROVED

ISSUING OFFICER: _____ FEE: \$100.00

DATE PAID: _____
