



THE CORPORATION OF THE TOWNSHIP OF NORWICH
OVERSIZE MOVING PERMIT

Applicant

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:

Name of Road: _____

From _____ To _____

Attach sheet with additional roads if needed

Attach map if needed

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

_____ *Date of Move* _____ *Time Ending*

APPROVED Single Use

NOT APPROVED

Director of Public Works Date _____ Permit No: _____