

STATE OF WISCONSIN  
TOWN OF SHARON  
PORTAGE COUNTY

TOWN OF SHARON PERMIT

Combination Application and Permit (after received for Town approval) for Weight Limit Posting Permit to transport loads exceeding statutory size and/or weight.

The Town Board of the Town of Sharon, Portage County, Wisconsin, authorizes and issues to

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_

as owner or operator of (vehicle descriptions)

Truck or Trailer Make	Year	Lic. Weight	No. of Axles	License Plate Number	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

a permit effective \_\_\_\_\_ authorizing travel by the described vehicle(s) on the following Town of Sharon town roads:

(Circle one)

Alternative 1 The permit is a single trip permit issued under s. 348.26, Wis. stats. **Fee \$0.00**

Alternative 2 The permit is an annual or consecutive month or multiple trip permit issued under s. 348.27, Wis. stats., which shall be in effect from \_\_\_\_\_ to \_\_\_\_\_ **Fee \$0.00**

The permit, as issued, applies only to the above-described vehicle(s) during operations as permitted. The permit, as issued, is not transferable, is revocable, and can be suspended by the Town Board or its designees at any time for good cause. The permittee may upon revocation or suspension request a hearing before the Town Board of the Town of Sharon. The fee for the permit is payable to the Town Clerk/Treasurer of the Town of Sharon by the applicant on or before issuance of the permit.

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email \_\_\_\_\_ .com FAX: \_\_\_\_\_

A copy of this permit must be kept in each permitted vehicle.

Acceptance of Conditions: I, the applicant, certify that the statements contained on the application are true and correct, and that if granted a permit, I will comply with all terms and conditions which apply.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Town Designee: \_\_\_\_\_ Title \_\_\_\_\_ Clerk/Treasurer \_\_\_\_\_

Date \_\_\_\_\_