



JACKSON TOWNSHIP

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Chapter 15-302

OVERWEIGHT HAULING APPLICATION

APPLICANT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE #: _____

MOVEMENT TO ORIGINATE AND TERMINATE AS FOLLOWS:

FROM: _____ TO: _____
FROM: _____ TO: _____

DESIRED DATES OF MOVEMENT: _____ TO _____
DESIRED TIME OF MOVEMENT: _____ TO _____

LOAD DESCRIPTION: _____

TRANSPORTING VEHICLE: _____
(MAKE/MODEL/YEAR)

GROSS VEHICLE WEIGHTS: _____ POUNDS
HEIGHT: _____ LENGTH: _____ WIDTH: _____

OVERWEIGHT VEHICLES

Axle 1 Weight: _____	Axle 1-2 Spacing: _____
Axle 2 Weight: _____	Axle 2-3 Spacing: _____
Axle 3 Weight: _____	Axle 3-4 Spacing: _____
Axle 4 Weight: _____	Axle 4-5 Spacing: _____
Axle 5 Weight: _____	Axle 5-6 Spacing: _____
Axle 6 Weight: _____	Axle 6-7 Spacing: _____
Axle 7 Weight: _____	Axle 7-8 Spacing: _____
Axle 8 Weight: _____	Axle 8-9 Spacing: _____
Axle 9 Weight: _____	Axle 9-10 Spacing: _____
Axle 10 Weight: _____	Axle 10-11 Spacing: _____
Axle 11 Weight: _____	

The statements made in this application are true and correct:

Date

Signature