

PERMITTING OFFICE:
ULYSSES TOWNSHIP SUPERVISORS
2556 SR 49 WEST
ULYSSES, PA. 16948

PHONE: (814) 848-9912
FAX: (814) 848-9913
EMAIL: ulysestwp@gmail.com

PERMIT NO. _____
AUTHORIZATION TO EXCEED A POSTED HIGHWAY WEIGHT RESTRICTION

NAME OF PERMITTEE: _____ PHONE: _____

ADDRESS: _____ FAX: _____

_____ EMAIL: _____

FOR TYPE 2 PERMIT, THE DESTINATION: _____

This authorization is for a **TYPE ____/____ PERMIT** to exceed the posted weight restrictions on the following Municipal roads located in **ULYSSES TOWNSHIP, POTTER COUNTY**:

ROAD NAME	ROAD NO.	FROM	TO

TRUCK LICENSE/ST: _____ **TRAILER LICENSE/ST:** _____

NOTICE: Those restrictions/conditions contained in **ADDENDUM A: SPECIAL CONDITIONS FOR PERMITS & REGISTRATIONS**, dated _____, and instruments created pursuant thereto, are incorporated herein by reference as though fully set forth herein.

The permit is further condition upon the requirement that any permittee intending to transport, upon Municipal roadways, a vehicle exceeding the maximum size, weight, length or other specifications established by the Commonwealth, shall provide detailed information of that transport to the Municipal Permitting Office at least twenty-four (24) hours in advance of such transport.

THIS AUTHORIZATON SHALL BE EFFECTIVE FOR THE PERIOD OF: _____ **TO**
_____.

ISSUANCE DATE: _____ **Municipal Official** _____ **Title:** _____

The above authorization is approved subject to Section 4902 of the "Vehicle Code" and all Municipality regulations (in particular 67 PA Code Chapter 189) subject to any conditions or restrictions set forth herein or attached hereto. The above does not authorize the permitted vehicle to exceed any licensed maximum size or weight limit. This authorization shall be carried in the permitted vehicle while traveling upon the highway specified above.

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COMPLETE THIS SECTION AND ATTACH A CERTIFICATE OF INSURANCE:

INSURANCE COMPANY: _____

AGENT PHONE#: _____

POLICY NO. : _____ EFFECTIVE PERIOD _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF APPLICANT(PRINT): _____ TITLE: _____

*****TOWNSHIP USE ONLY*****

PERMIT RESTRICTIONS/CONDITIONS

____ SEE ADDENDUM (A) – SPECIAL CONDITIONS FOR PERMITS & REGISTRATIONS ATTACHED.

____ NONE

PERMIT APPROVAL/DENIAL

PERMIT APPLICATION FEE: _____ PAID VIA: _____

APPROVED BY THE PERMITTING OFFICE ON: _____

FOR THE PERIOD OF: _____ TO: _____

PERMIT NO. ASSIGNED: _____ **ISSUED ON** _____

DENIED BY THE PERMITTING OFFICE ON: _____ REASON FOR DENIAL:

TOWNSHIP OFFICIAL: _____

TITLE _____ DATE: _____