

# Single Trip Application/Permit

To transport a nondivisible load exceeding statutory size and/or weight.  
This form cannot be used for transferring mobile homes/module building sections.

## Eau Claire County Highway

2000 Spooner Ave, Altoona WI 54720  
Phone: (715) 839-2952 Fax: (715) 839-4952  
Email: [ecchwy@co.eau-claire.wi.us](mailto:ecchwy@co.eau-claire.wi.us)

**\*PLEASE READ BELOW\*:**

Please submit application and copy of check for permit fee at least **2 business days prior to date of move**. **Only after application and copy of check is received will the application be considered.** This permit is for movement of loads on the County Trunk Highway System of **Eau Claire County ONLY**. Movement on State Highways must have a permit from the State. Movement on City, Village or Town roads must have a permit from each local municipality. Utilities & sign movement are the responsibility of the transporter.

**TO BE COMPLETED BY APPLICANT**

<b>Applicant Name – Vehicle Owner or Lessee</b>			<b>Date of Move</b>		<b>Approx. Times of Transfer</b>	
<b>Address</b>			<b>Insurance Company</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>		<b>Address</b>	
<b>Telephone No</b> ( ) ( )		<b>Fax No.</b> ( ) ( )		<b>City</b>		<b>State</b> <b>Zip</b>
<b>LOAD – Article(s) Transported</b>			<b>Policy Number</b>		<b>Policy Expiration Date</b>	

**PERMIT REQUESTED FOR:**

\_\_\_ **Over length**                      \_\_\_ **Over width**                      \_\_\_ **Over height**                      \_\_\_ **Overweight**

Type of Move: <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Equipment <input type="checkbox"/> Shed <input type="checkbox"/> Farm <input type="checkbox"/> other _____	Width	Length	Height	Weight	Overall
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VEHICLE INFORMATION (Towing Vehicle) <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> other (identify) _____	Make	License No./ID Number	Licensed Weight	State of Registration
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VEHICLE INFORMATION (Unit in Tow) <input type="checkbox"/> Semi-trailer <input type="checkbox"/> Full-trailer <input type="checkbox"/> other (identify) _____	Make	License No./ID Number	Licensed Weight	State of Registration
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Total # of Axles on Tow Vehicle \_\_\_\_\_ Total # of Axles under unit in Tow \_\_\_\_\_

**Entire Proposed Route**

Route Loaded Trip	FROM: (City, Village, Township, Etc.)	TO: (City, Village, Township, Etc.)
	VIA: (Highways)	
Complete if Return Route is Requested	FROM: (City, Village, Township, etc)	TO: (City, Village, Township, Etc.)
	VIA: (Highways)	

**ACCEPTANCE OF CONDITIONS:**

I, the applicant, certify that the above information is correct. If granted this permit, I agree to comply with all terms and conditions which apply.

**X** \_\_\_\_\_  
Signature of Applicant Date

**PERMIT AUTHORIZATION**

**NOT VALID UNLESS SIGNED**

Permit Effective Date/Time: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

Permit Fee per County Code: **\$30.00** Remit to: **Eau Claire COUNTY**

Permit Fee Paid    Yes  Permit number \_\_\_\_\_

Special Provisions: \_\_\_\_\_

Authorized Signature Eau Claire County Highway Department Position                      Date

**THIS PERMIT SHALL REMAIN WITH THE TOWING VEHICLE DURING THE AUTHORIZED MOVEMENT**