

City of Harvard
 Dept. of Public Works
 900 W Brink St
 P O Box 310
 Harvard, IL 60033

Special Movement Permit

Telephones Office 815-943-0301 Fax 815-943-4556
 E-Mail kruckenber@cityofharvard.org

1. Applicant (Name & Telephone) <hr/> 	2. Hauling Vehicle Yr _____ Make _____ Lic# _____ St _____	3. Load description 		
4. City streets to be used ()single trip ()Round trip Origin/Destination From _____ To _____ Route (specify exact destination site/project name) _____ 				
5. Width () Legal	6. Length () Legal	7. Height () Legal		
8. Weight - (Describe trailer-number of axles and gross weight) 				
Signature of applicant or agent 				
DO NOT WRITE BELOW THIS LINE				
9. Issue time: _____ : _____	10. Issue Date _____ / _____ / _____ (M) (D) (Yr)	11. Permit # 	12. Issued by 	Fee \$50.00
Comments: 				

This permit expires after the movement has been completed or 7 days after the time and date issued