



**City of Spokane**  
**Planning & Development**  
 808 W Spokane Falls Bl.  
 Spokane WA, 99201  
 Ph: (509)625-6300  
 Fax: (509)625-6124

# Oversize/Overweight Vehicle Permit

- Oversize
- Overweight
- Superload

**Existing Permit**

- WSDOT
  - Spokane County
- Permit#: \_\_\_\_\_

*For Office Use Only*

**Permit #:** \_\_\_\_\_

Company Name			Contact Name (please print)	
Street Address			Phone #	Fax #
City	State/Zip Code	Permit Start Date	Duration requested	Veh. License Number
Veh. Type & Year	Power Unit # of Axles	Trailing Unit # of Axles	Licensed Weight	Total Gross Weight
Width ' "	Height ' "	Overall Length ' "	Front O/H	Rear O/H
Load Description				

Origin	Destination
Proposed Route (Attach separate sheet if needed)	
Email address if you would like to receive your permit via email:	

Axle #	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
<b>Axle Weight (lbs)</b>										
<b># of Tires/Axle</b>										
<b>Tire Width (inch)</b>										
<b>Axle Spacing (ft. - in.)</b>	<u>1-2=</u>		<u>3-4=</u>		<u>5-6=</u>		<u>7-8=</u>		<u>9-10=</u>	
	<u>2-3=</u>		<u>4-5=</u>		<u>6-7=</u>		<u>8-9=</u>			

*I understand that if I knowingly make a false statement or representation in this application, I may be punished by a civil fine or by revocation of this permit. By signing this application I agree to pay all fees involved and to abide by requirements set forth herein. Proof of Insurance required with submittal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach proof of Insurance with Submittal.**

<i>To be Completed by City of Spokane Personnel</i>			
Approved By:	Effective Date:	Expiration Date:	Permit Fee:
Conditions: (Attach separate sheet if needed)			

**Fax completed form and proof of insurance to Engineering Services at (509)625-6124.  
 TRUCK ROUTE INFO AVAILABLE AT: [www.spokanestreetdepartment.org](http://www.spokanestreetdepartment.org)**