



# APPLICATION TO WAIVE SEASONAL LOAD LIMIT

Franconia Township

25156 St. Croix Trail N.

PO Box 175

Shafer, MN 55074

651-257-8291

ADDRESS BEING SERVED: \_\_\_\_\_

A. NAME AND ADDRESS OF FIRM OR PERSON OWNING VEHICLE: \_\_\_\_\_

B. APPLICANT NAME: \_\_\_\_\_

C. PERMIT FOR \_\_\_\_\_ TONS PER AXEL.

D. HOW MANY AXELS ARE ON THE TRUCK: \_\_\_\_\_

E. NUMBER OF TRIPS DESIRED: \_\_\_\_\_

F. CITY STREET/STREETS FOR WHICH PERMIT IS DESIRED: \_\_\_\_\_

G. DATE AND TIME AT WHICH DESIRED TRIP IS TO BE MADE: \_\_\_\_\_

H. DESCRIPTION OF VEHICLE: \_\_\_\_\_

I. LICENSE PLATE NUMBER ON VEHICLE: \_\_\_\_\_

J. GROSS REGISTERED WEIGHT: \_\_\_\_\_ (found on the vehicle License Plate)

**IN CONSIDERATION FOR THE GRANTING OF THIS PERMIT I/WE DO HEREBY  
AGREE TO REPAIR, OR CAUSE TO BE REPAIRED, AT THE DIRECTION OF THE  
TOWNSHIP BOARD, ANY DAMAGE TO THE TOWNSHIP ROADS BY THE VEHICLE  
DESCRIBED ABOVE.**

FIRM NAME: \_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

DATE GRANTED: \_\_\_\_\_ FEE: \_\_\_\_\_

BY: \_\_\_\_\_ RECEIPT: \_\_\_\_\_

**THIS PERMIT MUST BE CARRIED IN THE VEHICLE**

**\*\*\* Application is NOT valid unless signed and dated by the Franconia  
Township Maintenance Supervisor\*\*\***