

City of Highwood

Temporary Street Use Permit Application (Incomplete applications will not be processed)

Fees: \$50 for each loaded trip

Name of Applicant:							
Address of Applicant:							
City:		State:			Zip:		
Phone:		Fax:			Email:		
Name of Vehicle Owner:							
Address of Vehicle Owner:							
City:		State:			Zip:		
Description of Vehicle:							
Vehicle Li	cense Plate #:				State:		
Load to be operated/moved:							
Identify height, weight, width, length of vehicle with load:							
(Cont.)							
Single tri			Yes			No	
Number o							
Date and time of single trip, if appl			le:				
Dates and times of multiple indiv			rips:				
Point of o							
Vehicle destination:							
Is the vehicle being operated for hire (select one):							
Describe the route that you, the applicant, desire to operate the subject vehicle:							
(Cont.)							
(Cont.)							
OFFICIAL USE ONLY							
Comments:							
Approved	By:		Title:			Date:	