



APPLICATION: FOR OVERSIZE, OVERLOAD, OVERWEIGHT & RESTRICTED ROUTE PERMIT

Registered Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Moving Company Name: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose: \_\_\_\_\_

Proposed Route: \_\_\_\_\_

Time & Date: \_\_\_\_\_ Make of Truck: \_\_\_\_\_ License #: \_\_\_\_\_

OVERALL Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ G.V.W.: \_\_\_\_\_ Axel Weight: \_\_\_\_\_

EXCESS Gross Weight: \_\_\_\_\_ Specify Oversize Length: \_\_\_\_\_ Width: \_\_\_\_\_ & Height: \_\_\_\_\_

FEE: for Oversize Vehicle  Pilot Car Required: YES  NO   
for Overload Vehicle  for Overweight Vehicle

City of Penticton 616 Okanagan Avenue East Penticton, BC V2A 3K6		Phone: (250) 490-2500 Fax: (250) 490-2557
Application: Approved <input type="checkbox"/>	_____	_____
Rejected <input type="checkbox"/>	Public Works Manager	Date
	_____	_____
	Electrical Manager	Date
Additional Requirements: _____ _____		
copy to: Bev Edwards, Collections		

*I acknowledge this permit does not exempt me from the rules and regulations of the Provincial Motor Vehicle Act. Also, I assume responsibility of any damage or expense which in the opinion of the Public Works Manager has been caused by the above noted extraordinary traffic and agree I will pay the City of Penticton for said damage or expense.*

*\*Please note that utility companies Telus and Shaw will need to be contacted by the applicant directly.*

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name