



# OVERWEIGHT PERMIT APPLICATION

City of Lino Lakes  
600 Town Center Parkway  
Lino Lakes, Minnesota 55014  
Building Department: 651-982-2440  
Fax: 651-982-2499  
publicservices@linolakes.us

Job Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

The Applicant is:     Owner     Contractor

<b>PROPERTY OWNER</b>	Name _____ Daytime Phone (    ) _____ Address _____ Suite # _____ City _____ State _____ Zip _____ E-mail _____
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<b>CONTRACTOR</b>	Name _____ Daytime Phone (    ) _____ Address _____ Suite # _____ City _____ State _____ Zip _____ E-mail _____
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**TO BE SUBMITTED\***

- Maximum weight per axel
- Map of haul route
- Description of work
- \$5,000 minimum performance bond, or as outlined by the Director of Public Services
- Dates of travel

\* Applications will be reviewed after all required items are submitted

I hereby apply for an overweight permit and I acknowledge that the information above is complete. I understand this is not a permit and work is not to start without a permit.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**OFFICE USE ONLY**

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

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ENGINEERING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

PUBLIC SERVICES APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ENVIRONMENTAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_