



COUNTY OF COOK
HIGHWAY DEPARTMENT PERMIT OFFICE
 GEORGE W. DUNNE COOK COUNTY OFFICE BUILDING
 69 WEST WASHINGTON STREET, ROOM 2354
 CHICAGO, IL 60602
 PHONE (312) 603-1670; FAX (312) 603-9943
 hwypermits@cookcountygov.com

Office Use Only:
Permit No. _____
Date Received _____

APPLICATION FOR A HIGHWAY HAUL PERMIT

WHEREAS, _____
 (LEGAL NAME OF COMPANY)

LOCATED AT: _____
 (STREET ADDRESS)

 (CITY) (STATE) (ZIP)

IS REQUESTING TO USE THE COOK COUNTY HIGHWAYS AS FOLLOWS:

SUBMITTED BY:
NAME : _____
PHONE : _____
FAX : _____
EMAIL : _____

County Highway *	County Highway Starting Point	County Highway Ending Point

* Refer to County System Route maps at <http://maps.cookcountygov.com/mapmaker/index.aspx>

PERMIT IS SUBJECT TO THE FOLLOWING CONDITIONS, AND THE "CONDITIONS FOR HAUL PERMIT". I HEREBY REQUEST COOK COUNTY HIGHWAY DEPARTMENT'S PERMISSION AND AUTHORITY TO HAUL AND/OR TRANSPORT THE FOLLOWING:

Equipment:

METHOD OF MOVEMENT	TYPE OF PERMIT	#MONTHS (1-12)	UNIT/LICENSE
<input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input type="checkbox"/> Own Power	Select only one	For Monthly Permits Only:	<input type="text"/>

WEIGHT	LENGTH	HEIGHT	WIDTH	NO. AXLES

AXLE WEIGHTS (BEGINNING WITH STEER)

Weights	Single	2-axle tandem	3-axle tandem

(Sketch may be required)

If the gross weight of this permit exceeds 120,000 pounds, provide ILLINOIS DEPARTMENT OF TRANSPORTATION PERMIT No.: _____

DATE: _____

Signature of President/Authorized Person of the Company _____

PRINT NAME: _____

PRINT TITLE: _____