



**COUNTY OF COOK  
HIGHWAY DEPARTMENT PERMIT OFFICE**

George W. Dunne Cook County Office Building  
69 West Washington Street, 23<sup>rd</sup> Fl. Chicago, IL 60602  
Phone (312) 603-1670; Fax (312) 603-9943  
[hwypermits@cookcountygov.com](mailto:hwypermits@cookcountygov.com)

**Office Use Only:**  
Permit No. \_\_\_\_\_  
Date Received \_\_\_\_\_

**LIMITED CONTINUOUS ANNUAL HAUL PERMIT  
APPLICATION**

WHEREAS, \_\_\_\_\_  
(Legal Name of Company)

LOCATED AT: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**SUBMITTED BY:**  
NAME : \_\_\_\_\_  
PHONE : \_\_\_\_\_  
FAX : \_\_\_\_\_  
EMAIL : \_\_\_\_\_

Is requesting to use the Cook County Highways as follows:

Business Location	County Highway*	Ending Point must be (2) two miles or less from the business location

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

Limited annual 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**

Loaded  Towed  Own Power

**UNIT / LICENSE**

\_\_\_\_\_

WEIGHT	LENGTH	HEIGHT	WIDTH	NO. AXLES
≤ 160,000			≤ 14'	

**(Sketch may be required)**

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

\_\_\_\_\_

\_\_\_\_\_  
Signature of President/Authorized Person of the Company  
DATE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
PRINT TITLE: \_\_\_\_\_