



**COUNTY OF COOK
HIGHWAY DEPARTMENT PERMIT OFFICE**

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

Office Use Only:
Permit No. _____
Date Received _____

LIMITED CONTINUOUS ANNUAL HAUL PERMIT
LOCATION REGISTRATION

I, _____ representing _____
Owner/President/Authorized Person of the Company *The Company*

request a limited annual permit for continuous operation of overweight and over dimension vehicles, combination of vehicles, and loads.

I attest that _____ has a facility located at _____
The Company *Address*

_____ which is within one mile of _____
City/Zip Code *Cook County Highway*

I understand that the permit will be issued with the following conditions:

Travel within two miles of the location of such business which is on or within 1 (one) mile of a County highway is \$100.00 per vehicle per calendar year for gross weight less than or equal to 160,000 lbs. and load width of less than or equal to 14 feet. Vehicles traveling beyond two miles, or vehicles exceeding the gross weight of 160,000, or vehicles exceeding the load width of 14 feet require a permit at the rate fees established in Article IV Section 66-126 Subsection (b) of the Cook County Code of Ordinances(Ordinance 09-O-46).

Cost of Permit - \$100.00 per calendar year per vehicle.

I declare that the above information is true and I understand the conditions by which this permit shall be issued.

Signature of Owner/President/Authorized Person **DATE:** _____

PRINT NAME: _____

PRINT TITLE: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

STATE OF ILLINOIS COUNTY OF _____.

In witness whereof, I hereunto set my hand and official seal.

Subscribed and sworn before me this _____ **day of** _____, **20** _____.

by _____
Signature of Authorized Person of the Company

Signature of Notary Public

My commission expires: _____
Date