



STEPHENSON COUNTY HIGHWAY DEPARTMENT

295 W. LAMM ROAD
FREEPORT, IL 61032-9628

PHONE: (815) 235-7497
FAX: (815) 235-7541
E-mail: stcohwy@stephensoncountyil.gov

OVERSIZE / OVERWEIGHT VEHICLE PERMIT APPLICATION

Application Date: _____

Company Information:

Company Name: _____

Company Address: _____

Contact Person's Name: _____

Contact Person's Phone Number: _____

Fax Number: _____

Contact Person's E-mail Address: _____

Load Transport Information:

Equipment / Object to be Moved: _____

Vehicle Used for Move: _____

Maximum Width: _____ (feet - inches)

Maximum Height: _____ (feet - inches)

Maximum Length: _____ (feet - inches)

Gross Weight: _____ (pounds)

Number of Axles: _____

Route Information:

Anticipated Date of Move: _____

Starting Point: _____

Destination: _____

Proposed Route: _____

*Please E-mail completed application to stcohwy@stephensoncountyil.gov or fax to (815) 235-7541