



City of Spokane
 Planning & Development
 808 W. Spokane Falls Blvd.
 Spokane, WA 99201
 Ph: (509) 625-6300

Oversize/Overweight Vehicle Permit

<input type="checkbox"/> Oversize
<input type="checkbox"/> Overweight
<input type="checkbox"/> Superload

Existing Permit
<input type="checkbox"/> WSDOT
<input type="checkbox"/> Spokane County
Permit # _____

Contact Name (please print)			Company Name			
Street Address			Phone #		Fax #	
City		State & Zip Code		Email Address if you would like to receive your permit via email:		
Permit Start Date	Duration Requested		Power Unit # of Axles	Trailing Unit # of Axles	Veh. License Number	
Veh. Type & Year		Licensed Weight		Total Gross Weight		
Width	Height		Overall Length	Front O/H	Rear O/H	
Load Description						

Origin			Destination		
Proposed Route (Attach separate sheet if needed)					

Axle #	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Axle Weight (lbs)										
# Tires per Axle										
Tire Width (inch)										
Axle #	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>
Axle Weight (lbs)										
# Tires per Axle										
Tire Width (inch)										

Axle Spacing (ft. – in.)	1-2=	2-3=	3-4=	4-5=	5-6=
	6-7=	7-8=	8-9=	9-10=	10-11=
11-12=	12-13=	13-14=	14-15=	15-16=	16-17=
17-18=	18-19=	19-20=			

I understand that if I knowingly make a false statement or representation in this application, I may be punished by a civil fine or by revocation of this permit. By signing this application I agree to pay all fees involved and to abide by requirements set forth herein. Proof of Insurance required with submittal.

Signature: _____ Date: _____

Attach proof of insurance with submittal.

Email completed form and proof of insurance to permitmanager@spokanecity.org
 TRUCK ROUTE INFO AVAILABLE AT: _____