## CITY AND COUNTY OF BROOMFIELD



Engineering Division 303-438-6380

One DesCombes Drive, Broomfield, CO 80020

E-MAIL: engineeringpermits@broomfield.org

## Fax: 303-438-6297

## **EXCESS SIZE & WEIGHT PERMIT**

Applicant's Name:	Permit No.: (Office Use Only)
Address:	Telephone No.:
Vehicle License:	
Trailer License:	
Vehicle Weight Including Load:	Height:
Width:	Length:
Type of Load:	
Travel Route Within City/County Limits:	
(Attach map indicating travel route within C	City and County Limits)
Date/Time of Movement:	otice)
Address Moving From:	Address Moving To:
Indicate the type and quantity of traffic con	trol devices for this move:
	company and vehicle operators are familiar with the provisions of Municipal Code, Section 10.04.050 Model Traffic Code, applicab

## **PERMIT (VALID ONLY WHEN SIGNED)**

The above named is authorized to move the vehicle above described by the route and at the time requested, subject to the following special requirements:

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1. Applicant shall notify the Police Department at (303) 438-6432, a minimum 24 hours prior to a move, before entering the City and County so that an escort may be provided.

Date:

- 2. Applicant shall provide flagmen, pilot cars, red flags and/or wide load signs as instructed.
- 3. Applicant shall have valid Colorado Department of Transportation permit for travel on any State Highways within the City and County.

ISSUEI	O AND APPROVED BY:		Date:		
J.	Other.				
5	property incurred during this movement. Other:				
4.	Applicant shall be financially responsible and shall promptly pa	ay for any	damages to	public or	private