## **TOWN OF SHARON**

P.O. Box 250, Sharon, VT 05065 (802) 763-8268-Phone, <a href="mailto:selectboard@sharonvt.net">selectboard@sharonvt.net</a>

## **UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT**One year period ending: March 31, 2021

		FLEET	Г		SINGLE VEHICLE
and any a	mendment			er the provisions of VSA motor vehicles over lo	
Owner:					
Address:					
Contact:					
Type of	Vehicles	# of Axles	Product Carrie	d Max. Weight Requested	Max. Weight Approved
Approved	for the fol	lowing highways	(List may be Attache	ed):	
The follow	ving restric	tions apply (List n	nay be Attached):		

This approval shall be effective for no more than a one-year period ending on March 31<sup>st</sup>, 2020. If this is a fleet permit, this approval covers all vehicles bearing the company name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a and is required to furnish the Town of Sharon a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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Approved:	
Title:	
Dato	
Date:	

## **Instructions for Applicant**

- 1. Permit is valid for up to one year, expiring on March 31st each year.
- 2. Please include an administrative fee of \$5.00 for each single vehicle application, or \$10.00 for fleet permit:
- 3. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
- 4. Please use the following codes:

Type of Vehicle	2	<u>Products</u>		
TK	Truck	Α	All Products	
TR	Tractor	F	Unprocessed Forest Products	
TT	Tractor Trailer	M	Unprocessed Milk Products	
		Q	Unprocessed Quarry Products	