TOWN OF SHARON

P.O. Box 250, Sharon, VT 05065 (802) 763-8268 <u>selectboard@sharonvt.net</u>

UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT

One year period ending: March 31, 20___

		☐ FLEET☐ SINGLE \	(\$10 permit fee) /EHICLE (\$5 permit fee)	
	_		nder the provisions of VSA Ti r vehicles over local highway	· · · · · · · · · · · · · · · · · · ·
Name of Owner:				
Business Mailing Address	s:			
Contact Name:			Phone:	
Fmail:				
Linaii.				
Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max. Weight Approved
(Please attach list of additiona	l vehicles if nee	eded)		
Approved for the following	ng highways	(List may be Attac	:hed):	
The following restrictions	s annly /List :	may he Attached):		
	bearing the c	company name. If th	ne permit is to cover unmarked	0 If this is a fleet permit, this company trucks, please attach a
	a valid Certifi	cate of Insurance in	the following amounts: a mini	3, Sec. 1400a and is required to mum of \$100,000/\$300,000
Approved by:				
Title:			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		<u>Products</u>	
TK	Truck	Α	All Products
TR	Tractor	F	Unprocessed Forest Products
TT	Tractor Trailer	М	Unprocessed Milk Products
		Q	Unprocessed Quarry Products