

**APPLICATION FOR SPECIAL  
TRIP PERMIT**

**CITY OF LINCOLN, NEBRASKA  
TRANSPORTATION AND UTILITIES**

Accepted methods of payment are:

By phone – credit card only  
In person – cash, check or credit card

**Permits may take up to 24 hours to process.**

Application is hereby made for a special trip permit to cover the movement of the following described vehicle, or combination of vehicles, with or without load, exceeding City of Lincoln limitations in regards to dimension or weight, which of necessity use the streets of the city to reach its destination. **Please fill out the form completely.**

### Single Trip Permit (Allows more than one axle group overweight)

Over-Width Only  
Over-Weight Only  
Over-Width/Over-Weight

Single Trip, Over-Width Only = \$15.00  
Single Trip, Over-Weight Only = \$20.00  
Single Trip, Over-Width/Over-Weight = \$20.00

### Continuous Trip Permit (Allows only one axle group overweight)

Monthly = \$25.00  
Semi-Annual = \$50.00

Name of Company/Vehicle permit issued to \_\_\_\_\_

Name of Company to fax permit to (if different) \_\_\_\_\_

Name of Vehicle Owner (if different) \_\_\_\_\_ Applicant's E-mail \_\_\_\_\_

Contact Person for permit \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address to Mail Permit to \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VEHICLE MAKE	YEAR	LICENSE NO.	STATE	TRAILER	LICENSE NO.	STATE

Make \_\_\_\_\_ Kind & Model \_\_\_\_\_

OVERALL DIMENSIONS: Width\_\_\_\_\_Ft. Height\_\_\_\_\_Ft. Length\_\_\_\_\_Ft.

Load Weight\_\_\_\_\_Lbs.      Vehicle and Trailer\_\_\_\_\_Lbs.      Gross Weight\_\_\_\_\_Lbs.

Note: If gross vehicle weight is not over 80,000 lbs. and weight is not over 17,000 lbs. on any axle, you do not have to fill out the Axle information below.

AXLE NUMBER	1	2	3	4	5	6	7	8	9	10	11
Weight On Each Axle											
AXLE SPACING (FT. – INCHES)											

If your vehicle has more than 11 axles, please submit the additional axle information with your permit application.

Move will begin on (MM/DD/YY) \_\_\_\_\_ and be completed by (MM/DD/YY) \_\_\_\_\_

Note: Route not specified for monthly permit.

From	To	To	To	To	To
	▶	▶	▶	▶	▶
	▶	▶	▶	▶	▶
	▶	▶	▶	▶	▶

If granted this permit, I (we) agree to the terms, as outlined on this permit, and further state that I have read the forgoing application, and that all statements and data contained herein are true and correct.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_