

Permit Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ (Expires in 1 Calendar Year)

**\*\*\*\*\* APPLICANT SHALL ALLOW A MINIMUM OF THREE (3) BUSINESS DAYS FOR PERMIT PROCESSING \*\*\*\*\***

**WAYNE COUNTY ENGINEER'S OFFICE AND SECONDARY ROAD DEPARTMENT  
RAW FOREST PRODUCTS APPLICATION FOR ROUTE APPROVAL**

This Application is for route approval for the movement of raw forest products and shall be submitted along with a copy of your current State of Iowa Annual Permit for the movement of Raw Forest Products. Wayne County requires that an Application for Route Approval be submitted for each hauling event. Route Approval may not be granted until all structures, along the proposed route, have been analyzed for the loads and configurations provided on this application. Wayne County reserves the right to revoke or suspend approval on ANY or ALL routes for any reason, at any time. In addition to complying with the provisions of this route approval application, the applicant still must operate within the confines of their state permit.

|   |                                |                       |                                |                         |                        |       |   |
|---|--------------------------------|-----------------------|--------------------------------|-------------------------|------------------------|-------|---|
| <b>TO BE COMPLETED BY APPLICANT:</b>                                    |                                |                       |                                |                         |                        |       |   |
| Company Name:   |                                |                       | Requested by (Applicant Name): |                         |                        | Date: |   |
| Address:  |                                |                       | City/State/Zip:                |                         |                        |       |   |
| Phone Number:   |                                |                       | Signature:                     |                         |                        |       |   |
| Trip from:  |                                |                       |                                |                         |                        |       |   |
| Trip to:  |                                |                       |                                |                         |                        |       |   |
| Requested Route:  |                                |                       |                                |                         |                        |       |   |
| Dates Requested for Route Approval:                                     |                                |                       |                                |                         |                        |       |   |
| Power Unit Year & Make  | Power Unit License No. & State | Power Unit # of Axles | Trailer Length                 | Trailer # of Axles      | Iowa DOT Permit Number |       |   |
| Axle No.  | 1                              | 2                     | 3                              | 4                       | 5                      | 6     | 7 |
| Axle Spacing<br>(Measured from front to back)                           |                                |                       |                                |                         |                        |       |   |
| Axle Weights  |                                |                       |                                |                         |                        |       |   |
| <b>Valid Dates:</b>   |                                |                       |                                |                         |                        |       |   |
| <b>Notes:</b> Center line all bridges at 5 mph, no shifting or braking. |                                |                       |                                |                         |                        |       |   |
| Permit Granted: _____   |                                |                       |                                | By: _____               |                        |       |   |
| (Date)  |                                |                       |                                | (Wayne County Engineer) |                        |       |   |

**This route is approved ONLY for the power unit, trailer/axel configuration, total weight and other vehicle configurations contained on this form for the valid dates shown. Any deviations from the route or vehicle configuration are fully at the risk of the applicant.**