

TOWN OF VERONA PUBLIC WORKS DEPARTMENT 7669 County Highway PD VERONA WI 53593-1035 (608) 845-7187 FAX: (608) 845-7143			PERMIT #	
APPLICATION AND PERMIT FOR ROAD HAUL- Complete the following sections thru <u>++</u>				
DATE		NAME OF COMPANY		
POSTED ROAD NAME				
ESTIMATED STARTING DATE		NAME OF REPRESENTATIVE OR PROJECT MANAGER MAKING REQUEST		
ESTIMATED COMPLETION DATE		ADDRESS		
NAME - PERSON HAULING MATERIAL		OFFICE PHONE		CELL PHONE
FAX NO.		FAX NO.		EMAIL ADDRESS
NAME OF RESIDENT/Property Owner		ADDRESS OF DESTINATION		
NUMBER OF LOADS		EMPTY WEIGHT		LOADED WEIGHT
In consideration of being permitted to TRAVEL THE ABOVE NAMED TOWN ROAD - I CERTIFY THAT SUCH ROAD IS REQUIRED TO DELIVER THE FOLLOWING TYPE OF PRODUCT:				
I agree that I will comply with State of WI, County of Dane and Town of Verona ordinances and I understand that this permit may be voided by the TOWN CHAIR OR DESIGNEE if the conditions for approval are not in compliance.				
SIGNATURE _____			DATE _____	
PRINT/TYPE Full Name			CONTACT INFORMATION	
<u>++</u>				
CONDITIONS OF APPROVAL				
1)				
2)				
PERMIT APPROVAL BY PERMITTING AUTHORITY				
The foregoing application is hereby approved and permit issued by the Town of Verona subject to full compliance by the applicant with all provisions and conditions stated herein.				
Conditional Approval by Town Chair or Designee			DATE permit #	
FEES PD (IF ANY):		DATE		REV 2/10