

TOWN OF MARSHFIELD  
FOND DU LAC COUNTY, WI

NOTE: Return completed application to Town Clerk or email Town Clerk with completed copy  
([townclerk@townofmarshfieldwi.gov](mailto:townclerk@townofmarshfieldwi.gov))

**SEASONAL – OVERWEIGHT PERMISSION PERMIT REQUEST**

**This request must be filled out entirely in order to be considered for a seasonal weight permit.**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Project description

\_\_\_\_\_

Will there be contractors on the project? \_\_\_\_\_ If yes, list the contractors

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide an explanation on why the project needs to be completed during Spring restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the project divisible? \_\_\_\_\_ If yes, provide an explanation on why the project is not able to be divided to meet weight restrictions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Vehicle(s) \_\_\_\_\_ Total # of Axles \_\_\_\_\_

Licensed Weight \_\_\_\_\_lbs

Requested Maximum Gross Vehicle Weight for Seasonal Permit \_\_\_\_\_lbs

Is this a single trip or multiple trip request? \_\_\_\_\_

If multiple, how many trips are anticipated? \_\_\_\_\_trips/week for \_\_\_\_\_weeks

Origin Address \_\_\_\_\_

Destination Address \_\_\_\_\_

Total Trip Distance \_\_\_\_\_miles

Town Roads Traveled (**be specific attach add'l sheets if necessary**)

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Is your route able to modified to limit the distance on Town Roads and maximize travel on non-posted roads? \_\_\_\_\_ If so, what is the added distance? \_\_\_\_\_miles

Other comments or concerns regarding the permit process and/or your operations:

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