



 430 Third St., Farmington, MN 55024  
 651-280-6800  
 FarmingtonMN.gov

**ANNUAL OVERWEIGHT PERMIT APPLICATION**

Date \_\_\_\_\_

Business Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Email address: \_\_\_\_\_

**Nearest State and County Roads** \_\_\_\_\_

\_\_\_\_\_

**Preferred Route on City Streets** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purpose** \_\_\_\_\_

The City will consider the request for preferred routes, however we reserve the right to revise routes as staff feels may be necessary.

***Please note that it will be the businesses responsibility to distribute the permit applications to drivers who are hauling to and from your business.***

The company is responsible for maintaining a list of drivers/companies that have been provided a copy of the permit. The current list shall be sent to the City Engineer on June 15 and December 15 of the permit year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date