Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Fax:
Ph: (253) 929-1100
Fax: (253) 887-9910

Website:
https://www.pacificwa.gov

OVERLOAD PERMIT & APPROVED ROUTE

OFFICE USE ONLY

PERMIT #:_____ **EXPIRATION DATE:**_____

Application Date:_____ Date Issued:_____

Company Name: _____

Address:_____

Phone #:_____ Fax #:_____

Representative:_____ Email:_____

PERMIT REQUIRED FOR HAULING LOADS IN EXCESS OF 16,500 LBS ON ANY CITY STREET*

Nature of Load: _____

Job Site Address (Export):_____

Job Site Address (Import):_____

Length of time to complete job: _____

Vehicle ID #:_____

Single trip in/out permit_____ 30 Day_____ **1 Year_____

**** Annual Overload permits valid January 1 thru December 31**

**********OFFICIAL USE ONLY**********

Circle below the charges which apply

Lbs above 16,500 Legal limit	Trip Permit	30 Day Permit	1 Year Permit	# of Permits	Total Fees
1 - 11,999	$25.00	$50.00	$100.00		
12,000 - 23,999	$35.00	$75.00	$150.00		
24,000 - 35,999	$50.00	$100.00	$200.00		
36,000 - 79,999	$75.00	$150.00	$250.00		
80,000 - over	$100.00	$200.00	$400.00		

***PLUS Overload Permit Administration Fee* $50.00**

Grand Total	#	$

****

*ARTERIAL STREETS INCLUDING EAST AND WEST VALLEY HIGHWAYS, ELLINGSON ROAD, FRONTAGE ROAD, THIRD AVENUE SW FROM WEST VALLEY HIGHWAY TO FRONTAGE ROAD, VALENTINE AVENUE NORTH TO ROY ROAD & STEWART ROAD (8TH STREET) ARE EXEMPT FROM OVERLOAD CHARGES (16,500 - 80,000 LBS).

THE LOAD LIMIT ON ARTERIAL STREETS IS 80,000 LBS

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OVERLOAD PERMIT & APPROVED ROUTE

Permit Number_____ has been approved and issued on ____ day of _____,_____

By_____Title_____

- This form must be kept in appropriate vehicle at all times.
- The City of Pacific reserves the right to close any road to overweight vehicles at any time.
- Vehicles shall not block the City Right-of-Way at any time.

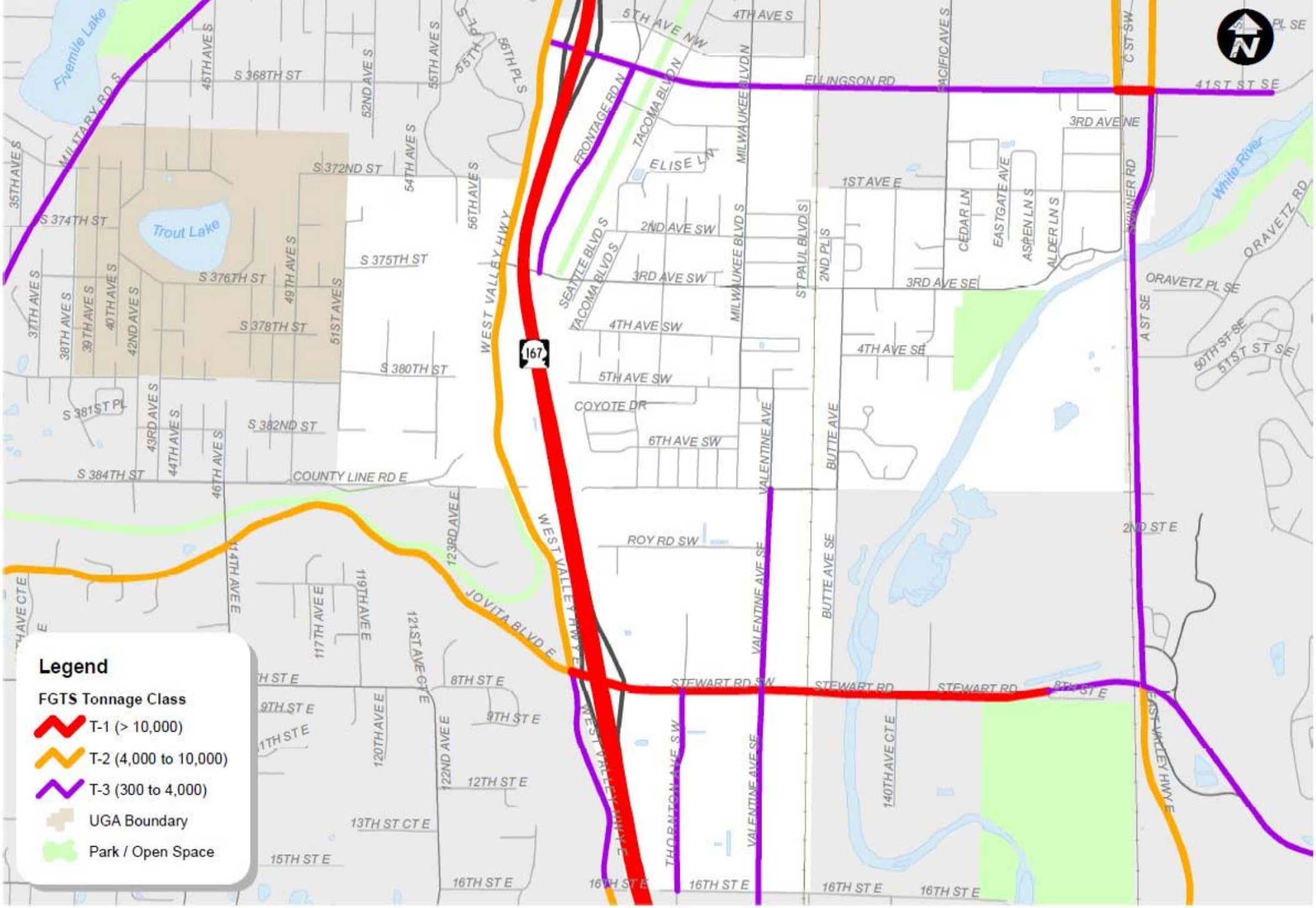
☐ **A sketch of the approved entry and exit routes must be indicated on an attached sheet of paper or shown on an attached Truck Route Map.**

The applicant (undersigned) agrees to adhere to the terms mentioned in this permit.

Applicant's Signature_____Date_____

Printed Name_____Title_____

Copy: Applicant
Utility Department
Fire Department
Police Department



Existing Truck Routes (FGTS)

Pacific Transportation Element

transpogroup

MAP **8.3**

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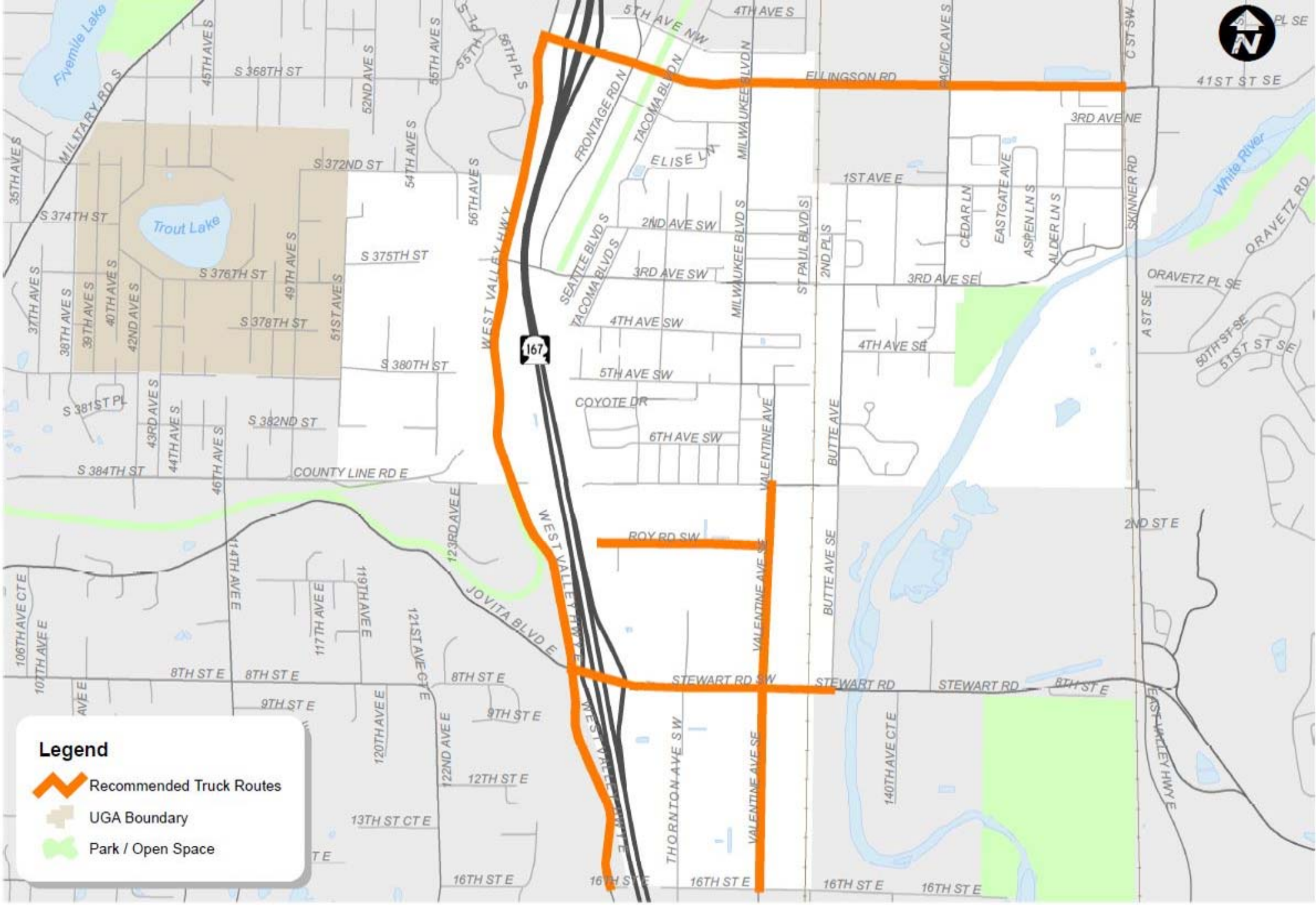

Future Truck Network

Pacific Transportation Element

transpogroup

MAP **8.6**

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