

BOROUGH OF SUGARCREEK

212 FOX STREET
FRANKLIN, PA 16323
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PHONE (814) 432-4717
PHONE (814) 432-2132
FAX (814) 437-1014

HEAVY HAULING PERMIT

PERMIT NO. _____
DATE _____
PAID _____

NAME OF OWNER/OPERATOR OF VEHICLE: _____
COMPANY NAME: _____
ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ROUTE(S) TO BE USED:

LICENSE /REGISTRATION NUMBER & VIN # OF TRUCK(S):
_____/_____, _____/
_____/_____, _____/_____

PLEASE STATE THE NATURE OF OPERATION, DATE OR DATES, TIME AND EXPECTED
DURATION OF USE OF THE SUBJECT ROUTE:

I hereby agree to be responsible for any damages that I may incur to the road while using it with this permit. I also agree to pay the Borough of Sugarcreek for the cost of any repairs that may be necessary as a result of this use.

Signature Date

PERMIT

Permission is hereby granted to _____
for the movement of vehicles in excess of _____ ton over the subject route.

EXPIRATION DATE: _____

BY: _____