

NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) - Local Government

Wisconsin Department of Transportation

MV2582 10/2014

PART A

Permit must be carried in the vehicle authorized and produced in either printed or electronic format according to s.348.28(1)(b), Wis. Stats.

Please	provide	information	on op	eration (of vehicle	or vehicle	combination	that	exceed:

- 1. Weight Limits:
 - a. Axle Weight Limits s.348.15(3)(g), Wis. Stats.

b. Gross Vehicle or Vehicle Combination Weight Limitations s.348.15(3)(g), Wis. Stats.

 2. Length Limits: a. 60 feet for a loH single vehicle, OR b. 100 feet for two loH vehicles combined, OR c. 70 feet for three loH vehicles combined that will operate the combined of the c	· —
 d. 100 feet for three IoH vehicles combined that will oper Submit completed form MV2582 to all highway maintenance 	
on which you wish to operate. Listings and contact informatio www.wisconsindot.gov/business/ag/permits.htm .	n (email, fax and mailing addresses) is available at:
Requests for Amendments are Limited to Section 1.	
☐ Amendment to an issued permit. This application is an	amendment to permit number:
The maintaining authority reviews all applications and amendments amendments to a permit applicant's name, address, or contact infor to the listing or map of highways traveled, those changes may be m	mation. If a change to the applicant`s address requires a change
SECTION 1	
Applicant Name and Business Name (enter name of individual or company of	owner or lessee operating the vehicle)
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	County Waukesha County
SECTION 2 – Routes	
Enter the Road(s) Requested (example: Route 1: Origin, west on	County Z. north on County H for two miles. Route 2: Origin, east

on County Z, north on County S, and return.) Alternatively, please attach a map of the requested roads to be used when operating overweight or over length equipment:

Signature of Applicant:	
X	
(Signature of Darmit Applicant placetropic signature, Drugh Soriet font)	(Data mm/dd/aaay)

NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) – Local Government (continued) Wisconsin Department of Transportation MV2582 **PART B** SECTION 1 - Description(s) of IoH equipment exceeding statutory limitations on length or weight, or both Power Unit - Make Power Unit - Model Number Power Unit - Description Fleet Number (optional) Power Unit - Type Vehicle or vehicle combination a Category B type according to s.340.01(24)(a)1.b, Wis. Stats. **Towed Unit Information** (enter the make and model of up to two towed units) 1. Make Model Number Description 2. Make Model Number Description 1. Overall Length Single **IoH** Vehicle Length: feet. Length of the **IoH** Vehicle Combination: If applying for a permit for an IoH vehicle or an IoH vehicle combination that will be over length but not overweight, see: s. 348.07, Wis. Stats. Check here and go to Part A, Section 2 – Routes (first page of this form). 2. Vehicle Weight a. Total Gross Weight Enter the maximum gross weight of the IoH power unit and any towed units: Enter the number of pneumatic tires _____ OR the number of tracks _____ on the IoH power unit. AND b. Axle Weight and Spacing Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination, enter the distance in inches, or feet and inches, between axles: **Maximum Axle** Weights Gauge*/Width of Axles Spacing

* **Axle Gauge:** the crosswise distance in feet and inches between the center of the tires on either side of a vehicle. On an axle with one tire on either side of the vehicle, gauge is the distance between the center of the tires on the left and right sides of the vehicle. If the vehicle has two tires on either end of the axle, the axle gauge is the distance from the space between the tandem on the left and right sides of the vehicle.

Between Axles

Frequency
Trips per Day: _____ AND Weeks of Operation: ____ Spring Summer Fall Winter

For additional vehicles please print as many copies as needed to cover all of the equipment you intend to use that will exceed weight or length limits.

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(continued)

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PART C – Entered by Maintaining Authority

1. Permit ID

Permit Authority – Name	Applicant / Business Name (from Section 1)		
Permit Authority – Jurisdiction	Application Received Date (mm/dd/yyyy)		
Approval (check one)			
Approved as Submitted			
Approved with Operating Conditions. List conditions:			
Approved with Operating Conditions. List conditions.			
☐ Not Approved. Reason:			
2. Approved Alternate Route			
Alternate Route			
Operating Conditions. List conditions:			
Issued By – Name	Effective Date (mm/dd/yyyy)		
Permit Number	Expiration Date (mm/dd/yyyy)		
PART D - Entered by maintaining authority	Permit Number to be		
1. Approved Amendment (see amendment description on page			
Change to part A, section1.	Amendment Request Received Date (mm/dd/yyyy)		
Amended Operating Conditions. List conditions:			
Issued By – Name	Effective Date (mm/dd/yyyy)		
Amended Permit Number	Expiration Date (mm/dd/yyyy)		

PART E - To Apply

► For an IoH Permit to operate on MUNICIPAL, TOWN AND COUNTY HIGHWAYS

Please locate your local government official by visiting: http://www.wisconsindot.gov/business/ag/permits.htm

or if you have any questions please call: (608) 266-7320.

Hours are Monday through Friday 7:45 a.m. to 4:30 p.m.

Waukesha County Contact:

Ed Hinrichs

515 W. Moreland Blvd. Room 220

Waukesha, WI 53188

Email: EHinrichs@waukeshacounty.gov

Phone: 262-548-7745