email: PW-ROWpermits@ci.stpaul.mn.us	Reset Form	Click to Print
Rev: 2025.1 City of St. Paul		Fax to: 651-266-9765
Department of Public Works Right-	of-Way Division	
Application for OVERSIZE/OVER WEIGHT TRANSPORTATION Permit		
PART A - Vehicle & Load Information	I	Permit No:
1. Power Unit (Brand) 2. License/State		3 Stenciled Wt
4. Model of Trailer5. License/State		
7. Load Description		
8. Size, Model or Capacity	9. Weight of Load	
PART B - Weight & Dimensional Information (ALL Information is Required)		
10. Overhang: Indicate Pivot Points & Cross Out Axles	Not Applying	11. Side Overhang:
Front ft in Mirrors may extend up to 6 inches on either sic	1100	Left ft in
Rear ft in		Right ft in
<b>X</b> = Not Applying <b>P</b> = Pivot Point <b>O</b> =	= Overhang	
Show Axles (X) and Axle Spacing (Ft & In)		
	_)(_)(_)	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
12.		Spacing
Axle Loaded Weight (thousands)		
13.		Axles
Overall Dimensions:		
14. Width ft in 15. Height ft in 16. Length ft in 17. Total Axle Weight		
PART C - Complete & Sign (or Electronic Signature)		
18. Origin 19. Destinat	tion	
20. Route		
21. Date(s) of Move 22. Hours of	of Move	
25. MnDOT or USDOT Number		
26. Permit Request Type: SINGLE TRIP \$44.00 ANNUAL	\$191.00	Receipt #
27. I (we) certify that information submitted is correct. If granted this permit I (we) do hereby agree to comply with all regulations,		
limitations and conditions which apply to this movement and further state that I (w	,	licable law and statutes.
28. Applicant Name (Print)	29. Date	
30. Applicant Phone	31. Fax No.	
32. Applicant Email		
APPROVALS:		
33. Bridge Engineer - Approved 34. Date / Time:		
35. ROW Manager - Approved (by) 36. Date / T	ime:	