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

Wisconsin Department of Transportation

MV2582 2/2015

This permit should be used by an **owner or lessee of an Implement of Husbandry (IoH)** for permission to operate an IoH on **town**, **city**, **village or county roads** because the IoH:

- 1. Exceeds statutory IoH vehicle length limits.
 - a. 60 feet for a IoH single vehicle, OR
 - b. 100 feet for two IoH vehicles combined, OR
 - c. 70 feet for three IoH vehicles combined that will operate at greater than 25 mph, OR
 - d. 100 feet for three IoH vehicles combined that will operate at 25 mph or less.
- 2. Exceeds statutory axle weight limits s.348.15(3)(b), Wis. Stats; and/or
- 3. Exceeds gross vehicle weight limits s.348.15(3)(g), Wis. Stats.

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

Submit a completed form to each maintaining authority or designee that is responsible for the highway on which you're requesting permission to exceed the above limits. Listings and contact information are available for maintaining authorities or designees at: www.wisconsindot.gov/business/ag/permits.htm.

PART A - Applicant and Routes

SECTION 1 – Applicant Information

Applicant Name (enter name of vehicle owner or vehicle lessee – name of business if applicable,	
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	Permit Number (completed by Maintaining Authority)
 Check one: This is an original application for a consecutive month permit. This is an original application for an annual permit. This is a request to amend Part A for an issued permit. If this is an ap is part of an issued permit, then check the box and enter the permit numb SECTION 2 - Routes Describe the highways on which the IoH will be operated. (Example: Route 1: Origin, then north on County H for two miles and return.) Alternately, please attach a map with indicate where overweight or over length equipment will be operated. 	er you seek to amend:week to amend:week to County Z from Location A to Location B;
SECTION 3 – Signature of Applicant	
X (Singature of Descrit Applicants adjusted in invature Descript Conjugation)	(Data 1971)
(Signature of Permit Applicant – electronic signature – Brush Script font)	(Date – m/d/yyyy)

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PART B - Type of Permit and Vehicle	Information
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SECTION 1 – Type of Per	mit							
Type of permit for which y	ou are applying (check	all that ap	oply)					
a. Exceeds statutory I	oH vehicle length limits	(Complet	e sections 2	, 3 and 5)				
b. Exceeds statutory axle weight limits s.348.15(3)(b), Wis. Stats (Complete Sections 2, 4, and 5)								
☐ c. Exceeds gross vehi	icle weight limits s.348.	15(3)(g),	Wis. Stats	Complete :	Sections 2,	4, and 5)		
SECTION 2 – Description	(s) of the IoH							
Vehicle Information – Com	plete for all Permit Type	s						
Power Unit – Make	Power Unit – Model Numbe	er l	Power Unit – De	escription				
Fleet or VIN Number (optional)			Permit Num	ber (complet	ed by Mainta	ining Authorit	y)	
Power Unit – Type			1					
☐ Check if power unit or v	ehicle combination is a <u>Ca</u>	ategory B a	according to	s.340.01(2	4)(a)1.b, Wi	s. Stats.		
Check if power unit is no	ot an IoH (i.e. farm truck, f	arm truck to	ractor, motor	ruck, etc.)				
Towed Unit Information (e)	nter the make and model (of up to two	towed units t	or IoH vehi	cle combina	tions)		
1. Make	Model Number		Description					
	_							
2. Make	Model Number	I	Description					
SECTION 3 – Vehicle Lei	ngth - Complete this in	formation	for IoH that	exceed sta	atutory leng	gth limits:		
Single IoH Vehicle	Overall Length:	_feet.						
<u>OR</u>								
Length of the loH V	ehicle Combination:	feet.						
SECTION 4 - Vehicle We	ight - Complete this in	formation	for IoH or Io	H vehicle	combinatio	n that exce	eds statuto	ory gross
vehicle and/or axle weight limitations:								
a. Total Gross Weight								
Enter the maximum gross weight intended to be operated at: pounds.								
 b. Axle Weight and Spacing Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination, 								
	i axle weight and spacing t n feet and inches between		o rear of the i	mplement/v	ehicle or im	plement/veh	nicle combin	ation,
Maximum Axle								<u> </u>
Weights								
Identify Axle Pneumatic or Tracks								
Gauge* Width of Axles								
Spacing Between Axles								
* Axle Gauge: the crosswise either side of the vehicle, ga								

SECTION 5 - Frequency and Use

Month of Operation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trips per Week												
Weeks of Operation												

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.

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PART C – IoH No Fee Permit (ALL Information Entered by Maintaining Authority)

SECTION 1 - IoH No Fee Permit

Applicant / Business Name (from Section 1)	Permit Number							
Maintaining Authority	County of Maintaining Authority							
Maintaining Authority Contact Person	Effective Date (m/d/yyyy)							
(Area Code) Telephone Number	Expiration Date (m/d/yyyy)							
Signature of Maintaining Authority X	Date (m/d/yyyy)							
Approval (check one and attach additional pages as ne Approved as Submitted	cessary)	1						
Approved Category B Alternate Route (Go to	Section 2 for approved Alternate Route)							
Approved with Operating Conditions. List cor	nditions:							
Denied: Per s.348.27(19)(b) 4, Wis. Stats., pr	rovide a structurally based explanation rel	ated to the preservation of the roadway here:						
SECTION 2 – Category B Approved Alternat	te Route							
Alternate Route:								
Operating Conditions. List conditions here or indicate if additional pages are attached:								
SECTION 3 – Approved Amendment to IoH (see amendment description on page 1)	Permit Number to be Amended							
Change to Part A	Amendment Request Received Date (m/d/yyyy)							
Amended Operating Conditions. List conditions:		Amended Permit Number						
		Effective Date (m/d/yyyy)						
Maintaining Authority Contact Person	Expiration Date (m/d/yyyy)							
Signature of Maintaining Authority		Date (m/d/yyyy)						