



**COUNTY OF COOK**  
**HIGHWAY DEPARTMENT PERMIT OFFICE**  
 GEORGE W. DUNNE COOK COUNTY OFFICE BUILDING  
 69 WEST WASHINGTON STREET, ROOM 2354  
 CHICAGO, IL 60602  
 PHONE (312) 603-1670; FAX (312) 603-9943  
 hwypermits@cookcountygov.com

**Office Use Only:**  
 Permit No. \_\_\_\_\_  
 Date Received \_\_\_\_\_

**APPLICATION FOR A HIGHWAY HAUL PERMIT**

WHEREAS, \_\_\_\_\_  
 (LEGAL NAME OF COMPANY)

LOCATED AT: \_\_\_\_\_  
 (STREET ADDRESS)

\_\_\_\_\_  
 (CITY) (STATE) (ZIP)

IS REQUESTING TO USE THE COOK COUNTY HIGHWAYS AS FOLLOWS:

**SUBMITTED BY:**  
 NAME : \_\_\_\_\_  
 PHONE : \_\_\_\_\_  
 FAX : \_\_\_\_\_  
 EMAIL : \_\_\_\_\_

County Highway *	County Highway Starting Point	County Highway Ending Point

\* Refer to County System Route maps at <http://maps.cookcountygov.com/mapmaker/index.aspx>

SUBJECT TO THE FOLLOWING CONDITIONS, AND AS SHOWN ON **CONDITIONS FOR HAUL PERMIT** AND REQUESTS COOK COUNTY HIGHWAY DEPARTMENT'S PERMISSION AND AUTHORITY TO HAUL AND/OR TRANSPORT THE FOLLOWING:

Equipment: \_\_\_\_\_

**METHOD OF MOVEMENT**

- Loaded
- Towed
- Own Power

**TYPE OF PERMIT**

- Single
- Round
- 1 Month Usage
- 2 Month Usage
- 3 Month Usage

**UNIT / LICENSE**

\_\_\_\_\_

WEIGHT	LENGTH	HEIGHT	WIDTH	NO. AXLES

**AXLE WEIGHTS (BEGINNING WITH STEER)**

Weights	Single	2-axle tandem	3-axle tandem
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Sketch may be required)

If the gross weight of this permit exceeds 120,000 pounds, provide ILLINOIS DEPARTMENT OF TRANSPORTATION PERMIT No.:

\_\_\_\_\_

DATE: \_\_\_\_\_

Signature of President/Authorized Person of the Company \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PRINT TITLE: \_\_\_\_\_