

**TOWN OF NORTHFIELD
APPLICATION FOR EXEMPTION TO VEHICLE WEIGHT LIMIT**

Applicant Name: _____

Address: _____

Contact Person: _____

Phone: _____ email: _____

Exemption requested to travel on the following roads, at the time and date listed:

Road Name	Date	From	To	Town use only
		am/pm	am/pm	Approved? Yes No
		am/pm	am/pm	Approved? Yes No
		am/pm	am/pm	Approved? Yes No
		am/pm	am/pm	Approved? Yes No
		am/pm	am/pm	Approved? Yes No

For the following vehicles:

Type of Vehicle	# of Axles	Product carried	Max. Weight
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am filing this application for an exemption to the vehicle weight limits established under Article IV of the Northfield Highway Ordinance. I understand that if this application is approved it will apply only to the roads and vehicles listed above.

Applicant Signature: _____ Date: _____

For Town Use Only

_____ Approved as filed _____ Approved with restrictions _____ Denied

Restrictions: _____

Highway Superintendent: _____ Date: _____

PERMIT # _____
(YYYY - ##)