



PERMIT # \_\_\_\_\_  
(YYYY - ##)

## TOWN OF NORTHFIELD, NH EXEMPTION TO VEHICLE WEIGHT LIMIT APPLICATION

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

Destination Address: \_\_\_\_\_ Map / Lot: \_\_\_\_\_

### 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: \_\_\_\_\_

Public Works Director: \_\_\_\_\_ Date: \_\_\_\_\_