

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.wisconsin.gov/business/ag/permits.htm.

PART A – Applicant and Routes

SECTION 1 – Applicant Information

| | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Applicant Name <i>(enter name of vehicle owner or vehicle lessee – name of business if applicable)</i> | |
| Contact Name | (Area Code) Telephone Number |
| Street Address | Email Address |
| City, State, ZIP Code | Permit Number <i>(completed by Maintaining Authority)</i> |

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 application to amend information in Part A that is part of an issued permit, then check the box and enter the permit number you seek to amend: _____

SECTION 2 – Routes

Describe the highways on which the IoH will be operated. (Example: Route 1: Origin, west on County Z from Location A to Location B; then north on County H for two miles and return.) Alternately, please attach a map with highways, or portions thereof, marked to indicate where overweight or over length equipment will be operated.

SECTION 3 – Signature of Applicant

X

(Signature of Permit Applicant – electronic signature – Brush Script font)

(Date – m/d/yyyy)

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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 | Application Received Date (m/d/yyyy) |
| 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 necessary) | | |
| <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved Category B Alternate Route (Go to Section 2 for approved Alternate Route) <input type="checkbox"/> Approved with Operating Conditions. List conditions: | | |
| <input type="checkbox"/> Denied: Per s.348.27(19)(b) 4, Wis. Stats., provide a structurally based explanation related to the preservation of the roadway here: | | |

SECTION 2 – Category B Approved Alternate Route

| |
|------------------------------------------------------------------------------------------|
| Alternate Route: |
| Operating Conditions. List conditions here or indicate if additional pages are attached: |

SECTION 3 – Approved Amendment to IoH No Fee Permit (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 X | Date (m/d/yyyy) | |