

Mailing Address:
2800 Rutherford Rd.
Vaughan, ON L4K 2N9
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City of Vaughan Staff Use Only

Date Received:

Permit No.:

Staff Initials:

Transportation Services
EXCESS LOAD PERMIT APPLICATION

COMPANY INFORMATION (Please Print)

AGENCY INFORMATION (Please Print)

Company: _____	Agency: _____
Contact: _____	Contact: _____
Title: _____	Title: _____
Address: _____	Address: _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____
Email: _____	Email: _____

PERMIT INFORMATION (Please Print)

PERMIT REQUIRED

Dates Required: From: _____ To: _____

Trip Type: Multiple ☐ Single ☐ Other ☐

Explain: _____

ROUTE INFORMATION

From: Road: _____ To: Road: _____

At: _____ At: _____

Roads Travelled: _____

LOAD INFORMATION

Cargo Type: _____ Number of Loads: _____

Size: Height (m): _____ Length (m): _____

Width (m): _____ Weight (kgs): _____

EXISTING PERMIT INFORMATION

(Attach a copy if applicable)

City of Vaughan

Building Permit No./Fill Permit: _____

York Region Permit (If Applicable)

Permit Title: _____ Permit No.: _____

****A Valid Certificate of Insurance is required with all applications****

*****A Load distribution diagram is required for all loads that do not meet HTA requirements*****

APPLICANTS AUTHORIZATION

Name: _____

(Applicant or Responsible Officer-PLEASE PRINT)

Signature: _____

Date: _____

Note: Load exemptions permit are at sole discretion of the City. All other necessary permits/approvals shall be obtained prior to any load exemption being granted. There is no exception to the half load restriction between March 1 to April 30.