

Overweight Vehicle Permit Application

NOTE: Fill out attached application and return to the Department of Public Works along with a drawing (no larger than ledger size) of your proposed route to:

e-mail beschete@tpcg.org

fax 985-850-4667

deliver 206 Government St. Gray, LA 70359

US Mail TPCG

Attn. Barbara Eschete-Firmature

P.O. Box 2768

Houma, La. 70361

**ITEMS CHECKED (X) WILL BE NECESSARY TO OBTAIN A
"OVERWEIGHT VEHICLE PERMIT"**

 X 1. Complete "Overweight Vehicle Permit" application

A. Name and Address of Applicant

B. Phone Number of Applicant

C. Name and Address of Contact Person

D. Phone Number of Contact Person

E. Anticipated duration / frequency of roadway(s) / bridge(s) on proposed route

F. Type of Vehicles (Make & Model and estimated gross vehicle weight)

G. Name of Applicant to be held responsible

H. Sign the application

 X 2. Drawing(s) or map of proposed route (no larger than ledger size)

For more information, please contact:

Barbara Eschete-Firmature

(985) 873-6735



P.O. BOX 6097
HOUMA, LOUISIANA 70361
985-868-5050



P.O. BOX 2768
HOUMA, LOUISIANA 70361
985-868-3000

TERREBONNE PARISH CONSOLIDATED GOVERNMENT

Department of Public Works

APPLICATION FOR "OVERWEIGHT VEHICLE PERMIT"

Date: _____

1.a. Name & Address of Applicant:

Telephone Number: _____

1. b. Name, Address & Title of Contact Person:

Telephone Number: _____

2. Anticipated duration / frequency of roadway(s) / bridge(s) on proposed route:

3. Type of Vehicle(s): (*Make & Model and estimated gross vehicle weight*):

1. _____

2. _____

3. _____

4. _____

5. _____

Please use additional sheet(s) if necessary

4. In the event there is any damage caused by the above described activity,

_____ will be held responsible and will post the required bond (if required)

Name of Applicant

I HEREBY CERTIFY THAT ALL ACTIVITIES DESCRIBED HEREIN AND ALL
DOCUMENTS SUBMITTED FOR REVIEW ARE TRUE AND CORRECT.

Signature of Applicant

Signature of Authorized Agent (if other than applicant)

Date

Date

Title