



ENGINEERING & PUBLIC WORKS DEPARTMENT
1737 Broadway St, Port Coquitlam, BC V3C 2M9
ph: 604.927.5496 transportation@portcoquitlam.ca

10 BUSINESS DAYS NOTICE REQUIRED TO PROCESS

OVERLOADED/OVERSIZED VEHICLE PERMIT APPLICATION

Please print clearly

Date: \_\_\_\_\_

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

(Office Use ONLY)

APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(include postal code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

REGISTERED OWNER OF VEHICLE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(include postal code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

VEHICLE INFORMATION

Vehicle License No.: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

[ ] Oversize: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

[ ] Overweight: Max. axle weight: \_\_\_\_\_ Tandem: \_\_\_\_\_ Total Weight: \_\_\_\_\_

ADDITIONAL INFORMATION

Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Hours: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Starting Address: \_\_\_\_\_

Destination Address: \_\_\_\_\_

[ ] Insurance Requirements: Certificate of Insurance (\$5 million liability, City named as additional insured, 30 day notice of cancellation)

[ ] Vehicle Plan Requirements: Include a plan view illustrating the vehicle axis locations and maximum axle loading

[ ] Route Plan Requirements: Include a detailed plan illustrating the route plan and traffic assistance (i.e. pilot car) for this route in the City of Port Coquitlam

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

[ ] Your request is DENIED

[ ] Your request is APPROVED

Road/Lane Closure Permit
Highway Use Permit

[ ] Required
[ ] Required

[ ] Not Required
[ ] Not Required

Approved by: \_\_\_\_\_

Manager of Transportation

Date: \_\_\_\_\_