



ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE: 412-751-2880 • FAX: 412-751-6002

www.elizabethtownshippa.com

Application for Overweight Use Permit

Name: _____

Address: _____
Street City State Zip

Phone: _____

Vehicles to be Used

Make/Model:

Owner:

Registration Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of Types of Road Use:

Approximate Date(s) of Road Use:

Roads and Miles Used:

Bonding Agent:

Amount of Security Proposed:

Form of Payment

Certified or Cashier's Check

Bank Account

Performance Bond

Irrevocable Letter of Credit

Other: _____

Has a Road Inspection Review been attached and approved by Applicant?

Yes

No

Signature: _____ Date: _____