

BROOKINGS COUNTY HIGHWAY DEPARTMENT
422 WESTERN AVE.
BROOKINGS, SD 57006
Fax: 605-696-8278 Phone: 605-696-8270
lgross@brookingscountysd.gov
OVERWIDTH, OVERLENGTH, OVERHEIGHT PERMIT

__ SINGLE OVER/WIDTH/LENGTH/HEIGHT (\$20.00) County Highway Permit # _____

PERMIT EFFECTIVE DATE: _____
ISSUED SUBJECT TO ALL APPLICABLE LAWS AND REGULATIONS (SDCL Chapter 32-22)

Applicant's name: _____
(Name of Permit Company or Owner)

Signature & Title: _____
(Print) (Signature)

Billing Name: _____

Billing Address: _____

(City) (State) (Zip)

Origin _____

Destination _____

Routes Traveled _____

Cargo _____

Truck _____ State _____

License # _____ Serial # _____

Trailer #1 _____ State _____

License # _____ Serial # _____

Width _____ Length _____ Height _____ Weight _____
(Over width is anything over 8'6")

PERMIT ISSUED BY _____ DATE: _____
(BROOKINGS COUNTY EMPLOYEE)

COMPANY REPRESENTATIVE _____
(Please Print Full Name)

TITLE _____

PHONE #: _____ FAX #: _____

VEHICLE PHYSICALLY INSPECTED. YES ___ NO X
NO OVERWIDTH MOVEMENT SUNSET TO SUNRISE.

A COPY OF THIS PERMIT MUST BE CARRIED IN EACH PERMITTED VEHICLE AND MUST BE DISPLAYED
UPON DEMAND OF ANY LAW ENFORCEMENT OFFICER OR HIGHWAY SUPERINTENDENT