



Upper Uwchlan Township Police Department
Oversize/Overweight Application for Special Hauling Permit
140 Pottstown Pike
Chester Springs, PA 19425
Phone 610-458-5862 Fax 610-458-8931



The driver shall carry this permit and a copy of PennDOT Form M-938 in the permitted vehicle					
Permittee Name: _____					
Address: _____					
City: _____		State: _____		Zip Code: _____	
Telephone Number: _____			Email Address: _____		
Contact Person: _____			Telephone Number: _____		
Date(s) of Movement: _____					
Time(s) of Movement: _____					
Route of Travel Requested: _____					
Gross Weight: _____ (lbs.)		Legal Weight: _____ (lbs.)			
Total Length: _____ (ft.) _____ (in.)		Total Width: _____ (ft.) _____ (in.)			
Total Height: _____ (ft.) _____ (in.)					
Load Quantity and Description-Be Specific:					
Veh.#	Equipment Type	US DOT#	Plate/Vin#	State	# Axles
Total Axle Weights (lbs.) Front Axle: _____		2 nd Axle: _____		3 rd Axle: _____	
4 th Axle: _____		5 th Axle: _____		6 th Axle: _____	
8 th Axle: _____		9 th Axle: _____		Additional Axles: _____	
Axle Distances (ft./in.) _____					
Complete this section and attach a certificate of insurance.					
Insurance Company: _____ Agent Phone No.: _____					
Policy # _____ Effective Periods: _____ providing					
(a) Upper Uwchlan Township added as additional insured for property and personal injury, and					
(b) Insurance covers public liability and property damage in the amounts of at least \$250,000 per person and at least \$1,000,000 per occurrence.					
I have read this form and hereby certify that the data submitted is correct to the best of my knowledge and belief. If it is determined that Police or Township services are needed for this movement, I accept any associated costs that are required for this movement. All permit submissions must be completed and submitted a minimum of twenty-four hours before the requested date and time of the movement.					
Name of Applicant: _____ Signature of Applicant: _____					
Phone No.: _____ Email Address: _____					
Date Applied: _____ Time Applied: _____					
DEPARTMENT USE ONLY					
Approved By: _____			Date: _____		
Comments: _____					