



City of Minnetonka, Public Works Department

APPLICATION TO WAIVE SEASONAL LOAD LIMIT

PHONE: (952) 988-8400

Permit Completion Instructions:

1. Read and verify permit information.
2. Sign and date the permit.
3. Return completed permit via email or fax to: dellingson@minnetonkamn.gov or wmanchester@minnetonkamn.gov or by fax to: 952-988-8406.
4. Place Authorized Copy in all vehicles before traveling roadways.
5. For compliance, refer to the table below:

	POSTED AXLE LIMITS			WAIVER AXLE LIMITS	
	9 TON	6 TON	4 TON	7 TON	5 TON
Single Axle	18,000	12,000	8,000	14,000	10,000
Two axles spaced within 8' or less (Tandem)	34,000	22,667	15,111	26,444	18,889
Three axles spaced within 9' or less (Tridem)	43,000*	28,667	19,111	33,444	23,889
Four axles spaced within 14' or less	51,500*	34,333	22,889	40,056	28,611

* Weights for axle spacing (other than shown) for 9 ton routes are located on the Minnesota Axle Weight Limits Table. Weights could be less than shown above.

CITY OF MINNETONKA
14600 MINNETONKA BOULEVARD
MINNETONKA, MINNESOTA 55345
FAX: (952) 988-8406

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Application for a permit to operate a vehicle whose axle weight exceeds the weight for which the City street, road or highway is posted in compliance with Minnesota Statutes Section 169.87.

a. Name and address of firm or person owning vehicle:

b. Name, address, and phone number of applicant

c. Permit for _____ tons axle weight.

d. Number of trips desired: _____

e. Minnetonka Destination/Origin Address: _____

f. List ALL City streets for which permit is desired:

g. Date and time at which desired trip is to be made:

In consideration for the granting of this permit, I/we do hereby agree to repair, or cause to be repaired, at the direction of the City Council of the City of Minnetonka, any damage to City streets caused by the vehicle for which this permit is issued.

Firm Name: _____

Applicant Signature: _____

(Not valid unless signed)

Approved by: _____

Date granted: _____

PERMIT MUST BE IN VEHICLE WHEN DRIVING ON STREET(S).