



STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION



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OVERSIZE/OVERWEIGHT ROUTE SURVEY FORM FOR THE STATE OF CONNECTICUT HIGHWAY OPERATIONS OVERSIZE/OVERWEIGHT PERMIT UNIT

The following routes have been physically surveyed for _____
(Permittee Name)

and certified by _____ on _____
(Person Performing Survey) (Date Survey Performed)

that there is safe and sufficient clearance to all permanent overhead obstacles and that the gross vehicle weight as stated does not exceed highway and/or structural weight postings on any routes.

ORIGIN:

DESTINATION:

ROUTES:

LOAD DESCRIPTION:

OVERALL DIMENSIONS:

HEIGHT: _____

WIDTH: _____

LENGTH: _____

GROSS VEHICLE WEIGHT: _____ **AXLES:** _____

SURVEY COMPANY NAME AND ADDRESS:

TELEPHONE NO: _____ **FAX NO:** _____

AUTHORIZED SIGNATURE: _____