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 Fax or email back to the City of Bismarck:
 (engineering@bismarcknd.gov)
 Subject line "Traffic Section."

Engineering Department

City of Bismarck
Over Dimension/Overweight Load Permit Application

Company/Carrier Name: _____ Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Load Description: _____

Move Date _____ City/ State* Permit # _____

*Attach Copy of state permit.

Travel Route _____

Unit Configuration

Axles	Steering Axle	Driver Axle	Trailer Axle	Auxiliary 1	Auxiliary 2
Number of Axles					
Axle Weights(Lbs.)					
No. of Tires/Axle					
Tire Size(inches)					

Route Miles of travel per axle weight Limit

6-ton _____ 7-ton _____ Restricted by Legal Weights _____

Unit Dimension (feet & Inches) Gross Vehicle Weight _____

Overall Length _____ Maximum Width _____ Maximum Height _____

Escort Required _____ **Type** _____

Height Restriction

If any point of the load exceeds 16' in height, the city of Bismarck reserves the right to refuse passage of the load through the city. If review of the proposed route requires additional analysis, the carrier can be charged additional administrative fees.