



**CITY OF KANSAS CITY, MISSOURI
PUBLIC WORKS DEPARTMENT
OVERSIZE LOAD PERMIT**

Applicant

Representative

Title

Company Address

Telephone

City/State/Zip

Time Schedule for Movement

Route to be Taken

Requirements:

Type of Escort Vehicle:

Maximum Length:

Maximum Width:

Maximum Height:

Original Location:

New Location:

Time Schedule For Movement:

Route To Be Taken: