



CITY OF LYNDEN
300 4TH Street
Lynden, WA 98264
(360) 354-3446

Oversize/Over-Height Vehicle Permit Application

COMPANY NAME:			FOR OFFICE USE ONLY	
CONTACT NAME:			Date Received: _____	
PHONE NUMBER:			By: _____	
STREET ADDRESS:				PERMIT DATE
License Number	Power Unit # Axles	Trailing Unit # Axles	Gross Weight	Licensed Weight
Width	Height	Overall Length	Front O/H	Rear O/H
Origin:		Destination:		
PROPOSED ROUTE:				
PROPOSED TRAVEL SCHEDULE IN CITY LIMITS (Date and Time):				

Note: Must provide copy of approved Whatcom County Oversize/Overweight Vehicle Permit

I understand that if I knowingly make a false statement or representation in this application, I may be punished by a civil fine or by revocation of this permit. By signing this application, I agree to pay all fees involved and to abide by requirements set forth herein.

 APPLICANT SIGNATURE DATE

APPLICANT CELL PHONE & EMAIL: _____

FOR OFFICE USE ONLY	
APPROVED BY: _____	DATE: _____
COMMENTS:	