

**IOWA COUNTY SECONDARY ROAD DEPARTMENT  
EMBARGO PERMIT**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Requested  
Route \_\_\_\_\_

Cargo \_\_\_\_\_

Number of Trips \_\_\_\_\_ Weight of Vehicle & Load \_\_\_\_\_

Dates Hauling \_\_\_\_\_

Special  
Requests \_\_\_\_\_

In signing and accepting this Embargo Permit I agree to be responsible for any excessive damage to the roadway. I will try and haul at times that are best suited to limit the damage to the roadway. The County reserves the right to perform necessary maintenance and charge the cost to the applicant.

Signature of Applicant: \_\_\_\_\_

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Iowa County reserves the right to limit the number of trips, allowable weight and route taken by any vehicle on an embargoed roadway.

Route  
Approved \_\_\_\_\_

Weight of Vehicle & Load Allowed \_\_\_\_\_

Maximum Number of Trips \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Application Approval By: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_