NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) – Local Government
Wisconsin Department of Transportation
MV2582 9/2014

PART A

Permit must be carried in the vehicle authorized and produced in either printed or electronic format according to s.348.28(1)(b), Wis. Stats.

Please provide information on operation of vehicle or vehicle combination that exceed:

1. Weight Limits:
   a. Axle Weight Limits s.348.15(3)(g), Wis. Stats.
   OR
   b. Gross Vehicle or Vehicle Combination Weight Limitations s.348.15(3)(g), Wis. Stats.
   OR

2. Length Limits:
   a. 60 feet for a IoH single vehicle, OR
   b. 100 feet for two IoH vehicles combined, OR
   c. 70 feet for three IoH vehicles combined that will operate at greater than 25 mph, OR
   d. 100 feet for three IoH vehicles combined that will operate at 25 mph or less.

Submit completed form MV2578 to all highway maintenance authorities, or designees, responsible for the roads on which you wish to operate. Listings and contact information (email, fax and mailing addresses) is available at: www.dot.wi.gov/business/ag/permits.htm.

☐ Amendment to an Issued Permit. This application is an amendment to permit number: _______

The maintaining authority reviews all applications and amendments promptly, and must within 5 business days approve or deny amendments to a permit applicant’s name, address, or contact information. If a change to the applicant’s address requires a change to the listing or map of highways traveled, those changes may be made with the amendment.

SECTION 1

<table>
<thead>
<tr>
<th>Applicant Name and Business Name (enter name of individual or company owner or lessee operating the vehicle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
</tr>
</tbody>
</table>

SECTION 2 – Routes

Enter the Road(s) Requested (example: Route 1: Origin, west on County Z, north on County H for two miles. Route 2: Origin, east on County Z, north on County S, and return.) Alternatively, please attach a map of the requested roads to be used when operating overweight or over length equipment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Applicant

X

(Signature of Permit Applicant – electronic signature – Brush Script font) (Date – m/d/yyyy)
**NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) – Local Government**

*Wisconsin Department of Transportation  MV2582*

**PART B**

**SECTION 1 – Description(s) of IoH equipment exceeding statutory limitations on length or weight, or both**

<table>
<thead>
<tr>
<th>Power Unit – Make</th>
<th>Power Unit – Model Number</th>
<th>Power Unit – Description</th>
<th>Power Unit – Number</th>
</tr>
</thead>
</table>

Power Unit – Type
- [ ] Vehicle or vehicle combination a **Category B type according to s.340.01(24)(a1.b, Wis. Stats.**

**Towed Unit Information (enter the make and model of up to two towed units)**

1. Make | Model Number | Description |
---|---|---|
2. Make | Model Number | Description |

1. **Overall Length**
   - [ ] Single IoH Vehicle Length: _____ feet.
   - OR
   - [ ] Length of the IoH Vehicle Combination: _____ feet.

If applying for a permit for an IoH vehicle or an IoH vehicle combination that will be over length but not overweight, see: **s.348.07**.

- [ ] Check here and go to Part A, Section 2 – Routes *(first page of this form)*.

2. **Vehicle Weight**
   a. **Total Gross Weight**
      - Enter the maximum gross weight of the IoH power unit and any towed units: _____ pounds.
      - Enter the number of pneumatic tires _____ OR the number of tracks _____ on the IoH power unit.

   AND

   b. **Axle Weight and Spacing**
      - Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination, enter the distance in inches, or feet and inches, between axles:

   | Maximum Axle Weights |
   ---|---|
   | Gauge*/Width of Axles |
   ---|---|
   | Spacing Between Axles |

* Axle Gauge: the crosswise distance in feet and inches between the center of the tires on either side of a vehicle. On an axle with one tire on either side of the vehicle, gauge is the distance between the center of the tires on the left and right sides of the vehicle. If the vehicle has two tires on either end of the axle, the axle gauge is the distance from the space between the tandem on the left and right sides of the vehicle.

| Frequency | Trips per Day: _____ AND Weeks of Operation: _____ |
| Time of Year – Season | Spring | Summer | Fall | Winter |

**For additional vehicles please print as many copies as needed to cover all of the equipment you intend to use that will exceed weight or length limits.**
**PART C – Permit ID**

1. **Entered by Maintaining Authority – Part C & D**

<table>
<thead>
<tr>
<th>Permit Authority – Name of Issuing Official</th>
<th>Application Received Date (m/d/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Authority – Jurisdiction</td>
<td>Effective Date (m/d/yyyy)</td>
</tr>
<tr>
<td>Applicant / Business Name (from Section 1)</td>
<td>Expiration Date (m/d/yyyy)</td>
</tr>
</tbody>
</table>

**Approval (check one)**

- [ ] Approved as Submitted
- [ ] Approved with Operating Conditions. List conditions:

- [ ] Not Approved. Reason:

**2. Approved Alternate Route**

If the route of an application for an IoH described in [WI Statute 340.01 (24)(a)1.b](#) is not approved, enter an approved alternative route, or provide map or provide ordinance copy, with any conditions:

<table>
<thead>
<tr>
<th>Alternate Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Conditions. List conditions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issued By – Name</th>
<th>Effective Date (m/d/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Number</td>
<td>Expiration Date (m/d/yyyy)</td>
</tr>
</tbody>
</table>

**PART D**

1. **Route Amendment. (See amendment description on page 1)**

<table>
<thead>
<tr>
<th>New Route</th>
<th>Amended Permit Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Operating Conditions Changes. List conditions:</th>
<th>Amendment Request Received Date (m/d/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date (m/d/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (m/d/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

**PART E – To Apply**

► For an IoH Permit to operate on **MUNICIPAL, TOWN AND COUNTY HIGHWAYS**

Please locate your local government official by visiting: [www.dot.wi.gov/business/ag/permits.htm](http://www.dot.wi.gov/business/ag/permits.htm)

or if you have any questions please call: (608) 266-7320.

Hours are Monday through Friday 7:45 a.m. to 4:30 p.m.