



3 OR MORE AXLES PERMIT TOWN OWNED STREETS APPLICATION

Planning Department
P.O. Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

COMPANY INFORMATION:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DRIVER INFORMATION:

Driver Name: _____

Driver Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

STREET NAME, DATES & HOURS:

Street Name:

Dates:

Hours Needed:

_____ From: _____ To: _____ From: _____ To: _____

_____ From: _____ To: _____ From: _____ To: _____

_____ From: _____ To: _____ From: _____ To: _____

SIGNATURE:

By signing this permit, you agree to the terms and conditions set forth by the Town of Wilson's Mills and agree to repair or pay to repair any and all damages to the streets and it's surroundings due to the presence of your equipment.

Company Printed Name

Signature

Date

Driver Printed Name

Signature

Date