



TOWN OF ANDOVER, NH

EXEMPTION TO VEHICLE WEIGHT LIMIT APPLICATION

Applicant Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Exemption requested to travel on the following roads, at the time and date listed:

| Road Name | Date | From | To | Town Use Only |
|-----------|------|-------|-------|------------------|
| | | am/pm | am/pm | Approved? Yes No |
| | | am/pm | am/pm | Approved? Yes No |
| | | am/pm | am/pm | Approved? Yes No |
| | | am/pm | am/pm | Approved? Yes No |

Destination Address: _____

For the following vehicles:

| Type of Vehicle | # of Axles | Product Carried | Max. Weight |
|-----------------|------------|-----------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I am filling out this application for an exemption to the vehicle weight limits established under Article X of the Andover Highway Ordinance. I understand that if this application is approved it will apply only to the roads and vehicles listed above.

| |
|--------------------------|
| FOR TOWN USE ONLY |
|--------------------------|

Approved as filed: _____ Approved with restrictions _____ Denied _____

Restrictions: _____

Highway Supervisor: _____ Date: _____