

**HOWE TOWNSHIP**  
**APPLICATION FOR TYPE 1**  
**CLOSED ROAD PERMIT**

**INSTRUCTIONS**

This is an application to allow the movement of a motor vehicle over certain portions of closed highways within Howe Township. The Applicant may make application for a vehicle owned by the Applicant or by one providing contracted services for the Applicant. If the Applicant intends to utilize more than one vehicle, a separate application must be completed with respect to each vehicle. At the time of submitting a new application, the Applicant shall pay the fee of \$50. This permit is valid for a period of one (1) month, an additional fee of \$10.00 for each round trip on the road is required at the end of the permit time period. Additional materials such as the signing of an Excess Maintenance Agreement or the posting of bond may be required by the Township.

**INFORMATION REGARDING APPLICANT**

Name of Applicant: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

The Applicant requests a Type 1 permit to move a vehicle on \_\_\_\_\_  
Road from \_\_\_\_\_ to \_\_\_\_\_ beginning  
\_\_\_\_\_ and ending \_\_\_\_\_ (not to extend beyond  
December 31).

**INFORMATION CONCERNING VEHICLE**

Type of Vehicle: \_\_\_\_\_

Truck License/State: \_\_\_\_\_ / \_\_\_\_\_

Trailer License/State: \_\_\_\_\_ / \_\_\_\_\_

Truck Color: \_\_\_\_\_ Trailer Color: \_\_\_\_\_

Truck Registration Number: \_\_\_\_\_

Trailer Registration Number: \_\_\_\_\_

I the undersigned Applicant, hereby certify that the data submitted is correct to the best of my information, knowledge and belief.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**TYPE 1 PERMIT TO MOVE ON HOWE TOWNSHIP CLOSED ROAD**

**PERMIT NO.**

Name of Applicant: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

Truck License: \_\_\_\_\_ State: \_\_\_\_\_

Trailer License: \_\_\_\_\_ State: \_\_\_\_\_

Truck Color: \_\_\_\_\_

Trailer Color: \_\_\_\_\_

This Type 1 permit is to be effective beginning \_\_\_\_\_ to \_\_\_\_\_

This permit authorizes the Applicant or the Applicant's contractor to move the above described vehicle on \_\_\_\_\_ located within Howe Township from Township boundary line to Township boundary line. This permit is subject to all restrictions set forth in the Howe Township Road Closing Ordinances, all other applicable rules and regulations as well as the Excess Maintenance Agreement executed between the Township and Applicant. This permit must be carried in the above described vehicle while traveling upon the highway specified above.

This permit may be revoked at any time by the Township for any reason.

Issuance Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Code Enforcement Officer

IT IS RECOMMENDED THAT YOU (THE PERMITEE) CONTACT THE CODE ENFORCEMENT OFFICER PRIOR TO EVERY TRIP UPON A CLOSED ROADWAY. THE PURPOSE OF THE CONTACT IS TO ARRANGE A TIME FOR TRAVEL WHEN ROAD DAMAGE IS LEAST LIKELY TO OCCUR THUS REDUCING YOUR MAINTENANCE COST IF THE CODE ENFORCEMENT OFFICER IS UNAVAILABLE, IT IS SUGGESTED YOU CONTACT THE ROAD FOREMAN; IF THE ROAD FOREMAN IS UNAVAILABLE, YOU SHOULD CONTACT A SUPERVISOR.