



LVC (Longer Vehicle Combination) Permit Application

Company:	
Company Address:	
Contact Name:	
Email:	Phone Number:

Vehicle & Route Information

Route vehicles will be traveling:
Operating hours:
Days of the week trucks will be operating:
Total number of trucks daily:
Total number of axles per vehicle:
Gross weight per axle:
Maximum height, width and length of each vehicle:

Signature: _____ Date: _____

Press submit to email directly to traffic@cityofloveland.org