# Town of Decatur
## Multi Permit Application- Town Road Access Permit and Road Use Permit

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|---|---|
| Applicant Name _____<br>Address_____<br>City, State, Zip_____<br>Telephone _____<br>Fax _____ | Insurance Company<br>Name_____<br>Address _____<br>City , State, Zip _____ |
| Desired Effective Date_____<br>Desired Expiration Date_____<br>Vehicle License No. _____<br>Anticipated Number of Trips_____<br>(n/a if unknown) | Route of Move From_____<br>To _____<br>List the Towns roads that are in the route of travel<br>_____<br>_____<br>_____ |

Will you be creating, improving or modifying a town road access? Yes No (Please Circle One)

Freight or Commodity to be Hauled _____

Allowable Legal Gross VehicleWeight:_____

Description of Truck (i.e. axle configuration): _____

**Town of Decatur Use Only**

Special Conditions, Route to Be Used, or Terms _____

**PLEASE NOTE: Any damages done to roads will be billed to the holder of this permit. Roads may be closed during repair work. Truck Drivers need a copy of this permit in the truck.**

Permit Effective Date: Permit Expiration Date:

Town Road Access Permit Application (if needed)- Return this application with either a plat or other map showing the legal location of the proposed access and the dimension of the access and a $5.00 non-refundable fee payable to the Town of Decatur.

_____ _____

Applicant Signature Date Town Representative Signature

Please return completed application to:

Brenda Harper, Clerk
Town of Decatur 601.635.2761 Phone
PO Box 307 601.635.4012 Fax
Decatur, MS 39327