

# NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) – Local Government

Wisconsin Department of Transportation  
MV2582 10/2014

## **PART A**

Permit must be carried in the vehicle authorized and produced in either printed or electronic format according to [s.348.28\(1\)\(b\), Wis. Stats.](#)

Please provide information on operation of vehicle or vehicle combination that **exceed**:

1. Weight Limits:
  - a. Axle Weight Limits [s.348.15\(3\)\(g\), Wis. Stats.](#)  
**OR**
  - b. Gross Vehicle or Vehicle Combination Weight Limitations [s.348.15\(3\)\(g\), Wis. Stats.](#)  
**OR**
2. Length Limits:
  - a. 60 feet for a IoH single vehicle, **OR**
  - b. 100 feet for two IoH vehicles combined, **OR**
  - c. 70 feet for three IoH vehicles combined that will operate at greater than 25 mph, **OR**
  - d. 100 feet for three IoH vehicles combined that will operate at 25 mph or less.

Submit completed form MV2582 to all highway maintenance authorities, or designees, responsible for the roads on which you wish to operate. Listings and contact information (email, fax and mailing addresses) is available at: [www.wisconsin.gov/business/ag/permits.htm](http://www.wisconsin.gov/business/ag/permits.htm).

### **Requests for Amendments are Limited to Section 1.**

**Amendment to an issued permit.** This application is an amendment to permit number: \_\_\_\_\_

The maintaining authority reviews all applications and amendments promptly, and must within 5 business days approve or deny amendments to a permit applicant's name, address, or contact information. If a change to the applicant's address requires a change to the listing or map of highways traveled, those changes may be made with the amendment.

### **SECTION 1**

Applicant Name and Business Name <i>(enter name of individual or company owner or lessee operating the vehicle)</i>	
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	County

### **SECTION 2 – Routes**

Enter the Road(s) Requested (example: Route 1: Origin, west on County Z, north on County H for two miles. Route 2: Origin, east on County Z, north on County S, and return.) Alternatively, please attach a map of the requested roads to be used when operating overweight or over length equipment:

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**Signature of Applicant**

**X**

(Signature of Permit Applicant – electronic signature – Brush Script font)

(Date – m/d/yyyy)

# NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) – Local Government

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## PART B

### SECTION 1 – Description(s) of IoH equipment exceeding statutory limitations on length or weight, or both

Power Unit – Make	Power Unit – Model Number	Power Unit – Description	Fleet Number (optional)
Power Unit – Type			
<input type="checkbox"/> Vehicle or vehicle combination a <a href="#">Category B type according to s.340.01(24)(a)1.b, Wis. Stats.</a>			

### Towed Unit Information (enter the make and model of up to two towed units)

1. Make	Model Number	Description
2. Make	Model Number	Description

### 1. Overall Length

Single IoH Vehicle Length: \_\_\_\_\_ feet.

**OR**

Length of the IoH Vehicle Combination: \_\_\_\_\_ feet.

If applying for a permit for an IoH vehicle or an IoH vehicle combination that will be over length but not overweight, see: [s. 348.07, Wis. Stats.](#)

Check here and go to Part A, Section 2 – Routes (first page of this form).

### 2. Vehicle Weight

#### a. Total Gross Weight

Enter the maximum gross weight of the IoH power unit and any towed units: \_\_\_\_\_ pounds.

Enter the number of pneumatic tires \_\_\_\_\_ **OR** the number of tracks \_\_\_\_\_ on the IoH power unit.

**AND**

#### b. Axle Weight and Spacing

Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination, enter the distance in inches, or feet and inches, between axles:

Maximum Axle Weights										
Gauge*/Width of Axles										
Spacing Between Axles										

\* **Axle Gauge:** the crosswise distance in feet and inches between the center of the tires on either side of a vehicle. On an axle with one tire on either side of the vehicle, gauge is the distance between the center of the tires on the left and right sides of the vehicle. If the vehicle has two tires on either end of the axle, the axle gauge is the distance from the space between the tandem on the left and right sides of the vehicle.

Frequency Trips per Day: _____ <b>AND</b> Weeks of Operation: _____	Time of Year – Season <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
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**For additional vehicles please print as many copies as needed to cover all of the equipment you intend to use that will exceed weight or length limits.**

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## **PART C** – Entered by Maintaining Authority

### **1. Permit ID**

Permit Authority – Name	Applicant / Business Name (from Section 1)	
Permit Authority – Jurisdiction	Application Received Date (m/d/yyyy)	
Approval (check one) <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved with Operating Conditions. List conditions:  <input type="checkbox"/> Not Approved. Reason:		

### **2. Approved Alternate Route**

Alternate Route	
Operating Conditions. List conditions:	
Issued By – Name	Effective Date (m/d/yyyy)
Permit Number	Expiration Date (m/d/yyyy)

## **PART D** – Entered by maintaining authority

### **1. Approved Amendment** (see amendment description on page 1)

Permit Number to be Amended:

Change to part A, section 1.	Amendment Request Received Date (m/d/yyyy)
Amended Operating Conditions. List conditions:	
Issued By – Name	Effective Date (m/d/yyyy)
Amended Permit Number	Expiration Date (m/d/yyyy)

## **PART E** – To Apply

### ► For an IoH Permit to operate on **MUNICIPAL, TOWN AND COUNTY HIGHWAYS**

Please locate your local government official by visiting: <http://www.wisconsin.gov/business/ag/permits.htm>

**or** if you have any questions please call: **(608) 266-7320**.

Hours are Monday through Friday 7:45 a.m. to 4:30 p.m.