

Texas Department of Transportation
TECHNICAL PROVISIONS

STATE HIGHWAY 360

Attachment 18-1

Motor Carrier Division

Permit Restriction Application



Motor Carrier Division Permit Restriction Application

Rev. 7/2012

District Number: _____	District Name: _____
------------------------	----------------------

New Restriction <input type="checkbox"/>	Amend Restriction <input type="checkbox"/>	Cancel Restriction <input type="checkbox"/>
--	--	---

Highway: _____ **County:** _____

From junction: _____

To junction: _____

Direction(s) affected: Northbound Southbound Eastbound Westbound

Turns affected: _____

*Maximum dimensions allowed. If a dimension is not affected, please put N/A in the space provided.
Please enter dimensions in feet and inches DO NOT enter "legal."*

Width: _____	Height: _____	Overall Length: _____	Trailer Length: _____
Weight: _____	Overweight ONLY is Okay: _____		

NOTE: Do not over restrict your highways; loads with small dimensions might safely travel through the restricted area without any inconvenience to the construction crew and/or the traveling public.

Start date: _____ **End date:** _____

Type of work or reason:

Construction: Maintenance: Sealcoat: Safety: (physical limits) Other:

Comments: _____

Approved by: _____ Date: _____

Date restriction lifted: _____ Approved by: _____

MCD Mapping Coordinator phone: 512-302-2166
e-mail: mcd_permit-restriction-@txdmv.gov

We cannot correctly restrict your roadway unless this form is filled out completely.