	TILIPS	COUN		
SPECI	AL TRANSPO	ORTATION	I PERMIT	
NUMBER:	_ PHILLIPS	COUNTY		
DATE:	Colorana Comm	unity Excellence		
Name:				
Mailing Address:				
City/State/Zip Code:				
Telephone Number:		_ Fax Number: _		
Has applied for a special size feet by The route will be on road	feet and f	eet in height fror	m, 20	to
marked with road number companies along this ro for any damage to the h result of this move. The Colorado and needs to h be conducted to determ	is respons ute. ute ighway, road, or roa transport needs to be conducted during	ad structure whic observe all safet daylight hours.	shall be held h might be susta ty regulations of	responsible ained as a the State of
Signed by applicant		-		
Phillips County hereby g	rants approval of the	e route and trans	port as requeste	∍d.
Approval granted this	day of		, 20	
Phillips County Planner		_		
Inspected on		_ Damages	None	as follows

