

**CITY OF CHILLICOTHE
APPLICATION FOR A PERMIT TO MOVE
OVERWEIGHT OR OVERSIZED OBJECTS**

NAME & ADDRESS OF APPLICANT

DATE

1. Object to be moved: _____

2. Approximate weight & dimensions of object: _____

3. Address object is to be moved to: _____

4. Address object is to be moved from: _____

5. Describe route to be used: _____

6. Describe Police or other assistance by City anticipated: _____

Signature of Applicant

Mayor

City Clerk

City of Chillicothe
908 N. Second St., P.O. Box 145
Chillicothe, IL 61523
Application fee of \$25.00 required
Bond Required (Chapter 78 of City Code)

Validation space: Date: _____

Ck _____ Cash _____
