

TOWN OF HANCOCK  
DEPARTMENT OF PUBLIC WORKS

Mia M. Lee, Director of Public Works  
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TEMPORARY WEIGHT LIMIT WAIVER

Date Request Submitted: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Site Location: \_\_\_\_\_  
Address Map/Lot#

REQUEST START DATE: \_\_\_\_\_ REQUEST START TIME: \_\_\_\_\_

VALID MONDAY THROUGH FRIDAY ONLY – NO WEEKENDS ALLOWED

Description for waiver request (one form per vendor/per day/per site): \_\_\_\_\_

Vehicle Plate Number: \_\_\_\_\_ Load Weight: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

\* By signing this waiver request you agree to the following; this waiver is only valid for the dates and times listed below. Any violation of the permit requirements will result in immediate suspension of the waiver and will require a restoration bond to re-issue waiver. The Town of Hancock reserves the right to request a restoration bond before approval of any waiver.

FOR OFFICE USE ONLY

**A COPY OF THE APPROVED WAIVER MUST BE WITH VEHICLE**

Waiver is approved subject to the following conditions:

- ❖ Access is limited to before: \_\_\_\_\_ am [ ]
- ❖ Access is limited to (date/s): \_\_\_\_\_ [ ]
- ❖ Access is limited to (truck size): \_\_\_\_\_ [ ]
- ❖ Other conditions: \_\_\_\_\_ [ ]
- ❖ Access is denied due to: \_\_\_\_\_ [ ]

\_\_\_\_\_  
Signature of Director of Public Works or his/her designee

\_\_\_\_\_  
Date of approval/denial