



**CITY OF CIRCLE PINES**

**763-784-5898**

**ROAD PERMIT**

cityhall@ci.circle-pines.mn.us

BUSINESS NAME \_\_\_\_\_

PHONE  
NUMBER \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_

MATERIAL  
HAULING \_\_\_\_\_

DRIVER \_\_\_\_\_

VEHICLE LICENSE # \_\_\_\_\_

VEHICLE WEIGHT PER AXLE LOADED \_\_\_\_\_

DATE FOR PERMIT USE \_\_\_\_\_

Please Sign Here \_\_\_\_\_

Approved By Clerk \_\_\_\_\_

RECEIPT # \_\_\_\_\_

PERMIT # \_\_\_\_\_

**FEE: \$75.00**