



TOWN OF HOLDERNESS

NEW HAMPSHIRE

APPLICATION FOR EXEMPTION TO VEHICLE WEIGHT LIMIT

Applicant Name _____

Address: _____

Contact Person: _____

Phone: _____ E-mail _____

Exemption requested to travel on the following roads, at the time and date (s) listed:

Road Name	Date	Time From	Time To	Approved? Yes/No

For the following vehicles:

Type Vehicles	# of axles	Product carried	Max Weight
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am filing this application for an exemption to the vehicle weight limit established by the Holderness Select Board under RSA 231:191. I understand that if this application is approved it will only apply to the dates, times and vehicles listed above and this exemption in no way relieves me from liability or responsibility for the cost to repair the road(s) damaged by me. I understand bonding and restoration may be a condition of granting this exemption request.

Applicant Signature _____ Date _____

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Town Use Only

____ Approved as filed ____ Approved with restrictions ____ Denied

Restrictions: _____

Highway Superintendent or Designee: _____ Date: _____