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APPLICATION FOR OVER – HEIGHT LOAD

Permit Number _____

Application By: _____ Phone: _____

Address: _____ Fax: _____

Height of Load (including transporter): _____ Email: _____

Total Width of Load: _____ Width of Load at Highest Point: _____

Type of Load: _____

From (Address): _____

To (Address): _____

Date of Relocation: _____ Start Time: _____

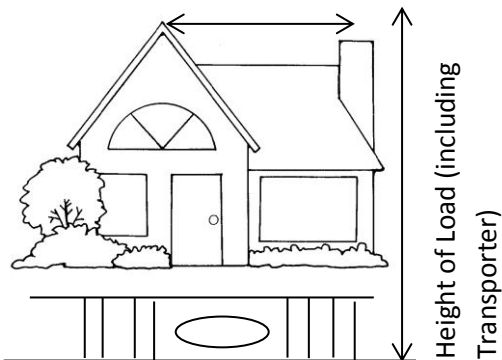
Estimated time entering Alpine Energy area: _____

Route to be followed:

LOAD PROFILE:

Total width of load
 _____ →

Width of load at highest point
 _____ →



Name: _____

Signed: _____

Date: _____

The proposed route is APPROVED/ should be changed to:

We will need / not need to escort this load.

Name: _____ Signed: _____ Date: _____