

**Texas Department of Transportation**  
**TECHNICAL PROVISIONS**

**STATE HIGHWAY 360**

**Attachment 18-1**

**Motor Carrier Division**

**Permit Restriction Application**



# Motor Carrier Division Permit Restriction Application

Rev. 10/2013

District Number: _____	District Name: _____
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New Restriction <input type="checkbox"/>	Amend Restriction <input type="checkbox"/>	Cancel Restriction <input type="checkbox"/>
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Highway: \_\_\_\_\_ County: \_\_\_\_\_

From junction: \_\_\_\_\_

To junction: \_\_\_\_\_

Direction(s) affected: Northbound  Southbound  Eastbound  Westbound

Turns affected: \_\_\_\_\_

*Maximum dimensions allowed. If a dimension is not affected, please put N/A in the space provided.  
Please enter dimensions in feet and inches DO NOT enter "legal."*

Width: _____	Height: _____	Overall Length: _____	Trailer Length: _____
Weight: _____	No Permits: <input type="checkbox"/> <i>Leave other dimensions blank</i>		

*NOTE: Do not over restrict your highways; loads with small dimensions might safely travel through the restricted area without any inconvenience to the construction crew and/or the traveling public.*

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Type of work or reason:

Construction:  Maintenance:  Sealcoat:  Safety: (physical limits)  Other:

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date restriction lifted: \_\_\_\_\_ Approved by: \_\_\_\_\_

MCD Mapping Coordinator phone: 512-302-2166  
e-mail: [mcd\\_permit-restriction-@txdmv.gov](mailto:mcd_permit-restriction-@txdmv.gov)

*We cannot correctly restrict your roadway unless this form is filled out completely.*