



Resolution Establishing a Class II or Prohibited Truck Route



Resolution Number

2020-08

WHEREAS, the State of Illinois by its General Assembly has enacted the Illinois Vehicle Code, and **WHEREAS**, 625 ILCS 5/1-126.1 provides that local authorities may designate Class II or Prohibited Truck Route highways within their jurisdiction, and its accordance with 625 ILCS 5/15-111(f), weight limitations shall be designated by appropriate signs placed on such highways; and

WHEREAS, County _____ of Franklin _____ is desirous of designating

Local Public Agency Type

Local Public Agency

truck routes under their jurisdiction as follows:

NOW THEREFORE, BE IT RESOLVED, that the portion of roadways as listed below will be designated as shown.

	Route/Street Name(s)	Beginning Termini	Ending Termini	Length	Designation
①	- FAS 874 Logan Road	IL 149	IL 34	4.67	Class II Truck Route
②	- FAS 873 Akin Blacktop	IL 34	FAS 868 N. Thompsonville Rd	5.43	Class II Truck Route
③	- FAS 1877 Yellowbanks Rd	IL 37	IL 148	6.83	Class II Truck Route
④	- FAS 1876 Orient Blacktop	FAS 1877 Yellowbanks Rd	FAU 9493 Orient Road	3.02	Class II Truck Route
⑤	- FAU 9493 Orient Road	IL 149	FAS 1876 Orient Blacktop	0.86	Class II Truck Route
⑥	- FAS 1874 Rend City Rd	IL 14	IL 154	8.8	Class II Truck Route
⑦	- FAS 868 N. Thompsonville	IL 34	FAS 868 Ewing Rd	11.40	Class II Truck Route
⑧	- FAS 868/CH12 Ewing Rd	IL 14	IL 37	9.8	Class II Truck Route

Add Row

BE IT FURTHER RESOLVED, that County _____ of Franklin _____

Local Public Agency Type

Local Public Agency

in accordance with 625 ILCS 5/15-116 which requires local public agencies to provide the Department of Transportation with reference contact names and telephone numbers provides contact information as follows:

Name
Michael A. Rolla

Title
Franklin County Engineer

Phone Number
(618) 439-0331

BE IT FURTHER RESOLVED, that the Clerk is hereby directed to transmit three (3) certified originals of this resolution to the district office of the Department of Transportation along with a location map indicating the roadways being classified.

I, Greg Woolard _____ County _____ Clerk in and for said County _____

Name of Clerk

Local Public Agency Type

Local Public Agency Type

of Franklin _____ in the State aforesaid, and keeper of the records and files thereof,

Local Public Agency

as provided by statute, do hereby certify the foregoing to be a true, perfect and complete original of a resolution adopted by

County _____ of Franklin _____ at a meeting held on 3/10/20

Local Public Agency Type

Local Public Agency

Date

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 18th day of 3/2020

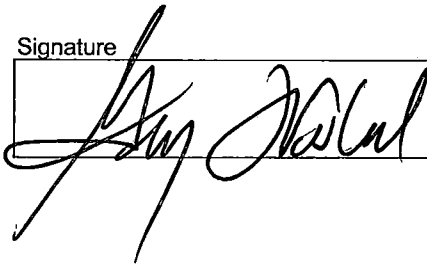
Day

Month/Year

(SEAL)

Signature

Date

A handwritten signature in black ink, appearing to read "Amy Walsh", written over a horizontal line.

3-20-2020

