

TRANSPORTATION PERMIT

CITY OF SAN CLEMENTE

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

PERMIT VALID BETWEEN

A.M. / /
P.M.

AND SUNSET / /

MOVING AUTHORIZED

YES NO
SATURDAY
SUNDAY
SUNSET TO SUNRISE

AUTHORIZED CITY REPRESENTATIVE

NAME _____
ADDRESS _____
CITY/STATE _____
PHONE _____ HCD. NO. _____

HAUL
 DRIVE
 TOW
LOAD OR EQUIPMENT AND MODEL NO. _____

TYPE VEHICLE _____

KING PIN TO LAST AXLE _____ COMB. VEHICLE LENGTH _____

SENDING STATION _____ RECEIVING STATION _____

LOADED DIMENSIONS DIFFERENT FROM OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:			MAX OVERALL LENGTH:			MAX OVERHANG:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN	DESTINATION				TRIPS				

AUTHORIZED CITY STREETS _____ *CALTRANS AND/OR OTHER CITY/CO. PERMITS REQUIRED

PILOT CAR: YES NONE REQUIRED

FEE: \$ _____ #001-000-34129
CHARGE DEPOSIT \$ _____ #001-000-21512
RECEIPT # OF DEPOSIT _____
BY _____
DATE _____

ATTACHMENTS
 PERMIT CONDITIONS

AUTHORIZED AGENT SIGNATURE _____ / /
DATE