

# 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	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>
SUNSET TO SUNRISE	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
AUTHORIZED CITY REPRESENTATIVE

NAME	
ADDRESS	
CITY/STATE	
PHONE	HCD. NO.

<input type="checkbox"/> HAUL  <input type="checkbox"/> DRIVE  <input type="checkbox"/> TOW	LOAD OR EQUIPMENT AND MODEL NO.

TYPE VEHICLE	KING PIN TO LAST AXLE	COMB. VEHICLE LENGTH	SENDING STATION	RECEIVING STATION
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**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

<b>FEE:</b> \$ _____ #001-000-34129  <b>CHARGE DEPOSIT</b> \$ _____ #001-000-21512  RECEIPT # OF DEPOSIT _____  BY _____  DATE _____	<b>ATTACHMENTS</b> <input checked="" type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	_____ AUTHORIZED AGENT SIGNATURE
	_____ DATE
	_____
	_____