

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:

NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____ HCD. NO. _____	PERMIT VALID BETWEEN _____ A.M. / / P.M. AND SUNSET / / MOVING AUTHORIZED SATURDAY <input type="checkbox"/> YES <input type="checkbox"/> NO SUNDAY <input type="checkbox"/> <input type="checkbox"/> SUNSET TO SUNRISE <input type="checkbox"/> <input type="checkbox"/>	_____ AUTHORIZED CITY REPRESENTATIVE
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<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

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