

TRANSPORTATION PERMIT
CITY OF SANTA CLARITA

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/ZIP _____

OFFICE PHONE NUMBER (Include Area Code) _____ FAX NUMBER (Include Area Code) _____

(SHOW A DISCRPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSION'S OF LOAD)
Authorization is granted for the following: Haul Drive Tow

PERMIT VALID:
FROM: _____
TO: _____
MOVING AUTHORIZED:
SATURDAY: _____
SUNDAY: _____
DARKNESS (CVC 280): _____

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

Permit Conditions
 Holiday Restrictions

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE ★ IS SHOWN IN THE STATE ROUTE.

PILOT CAR Yes No

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ APPLICANT SIGNATURE _____ DATE _____
CREDIT CARD EXP. DATE _____ FEE \$ _____ NUMBER OF TRIPS _____ AUTHORIZED CITY AGENT _____ DATE _____

REQUESTED ROUTE: (Include Address of Origin and Delivery Site) _____ CONTACT PERSON _____