



TRANSPORTATION PERMIT

Permit Valid
From: _____
To: _____

Permit Number

SINGLE TRIP / ANNUAL

In compliance with your request and subject to all the terms, conditions, and restrictions written below and attachments, permission is hereby granted to:

Sunrise to Sunset
No moving permitted:
Sat / Sun / Holidays
or 7:00-8:00 am &
3:30-8:00 pm
Weekdays

This permit is not valid without the following attachments:
 Attached Provisions

Company: _____

Contact name: _____

Address: _____

City: _____ Zip: _____

Office Phone: _____

Cell Phone: _____

Fax: _____

Authorization is granted for the following: Haul Drive Tow

| | | | |
|---------------------------------|-------------------|------------------|---------------------------------------|
| Load or equipment model number: | Number of Trucks: | Number of Trips: | Time Period: From: _____ To: _____ |
|---------------------------------|-------------------|------------------|---------------------------------------|

Description of hauling equipment: _____

| | | |
|---------------------------------------|--|---|
| Vehicle Width: _____ Ft. _____ In. | Kingpin to last axle: _____ Ft. _____ In. | Combined Vehicle Length: _____ Ft. _____ In. |
|---------------------------------------|--|---|

| | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|
| Axle number: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------------|---|---|---|---|---|---|---|---|---|

Number of tires per axle: _____

Distance between axles: _____

Width of axles at tire sidewalls: _____

Maximum allowable weight: _____ Lbs.

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

Height: _____ Ft. _____ In. Width: _____ Ft. _____ In. Length: _____ Ft. _____ In.

Width class: _____ Overhang: _____ Ft. _____ In.

Origin: _____ Destination: _____

Authorized City Route (other city, county, or state permits may be required):

Pilot car required: Yes No

width exceeding 12" (rear pilot) length exceeding 105" (rear pilot)

width exceeding 14" (rear pilot) height exceeding 14" (front pilot w/vertical measuring device)

| | | |
|----------------------------|-------------------------------|--------------|
| Applicant Signature | Applicant Name (Print) | Date: |
|----------------------------|-------------------------------|--------------|

**** BELOW TO BE COMPLETED BY THE CITY ****

This permit is approved subject to the following conditions:

| | | |
|---|--------------------------------|-------------|
| <p>FEE: \$16 SINGLE TRIP / \$90 ANNUAL</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Exempt <input type="checkbox"/> Trust Acct # _____</p> <p>Receipt No. _____</p> | <p>Approved By (Signature)</p> | <p>Date</p> |
|---|--------------------------------|-------------|