

**CITY OF WINTERS
PUBLIC WORKS DEPARTMENT**

TRANSPORTATION PERMIT

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

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____

PERMIT VALID:
 FROM: _____
 TO: _____

MOVING AUTHORIZED:

	3AM	Yes	No
SATURDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DARKNESS (CVC 280):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: (Mark X)

Permit Conditions

SC Pilot Car

SC3AM

SCMH

Curfew Map (LA), (SD), (SF), (SAC)
(Circle Applicable Map)

SC Holiday Travel

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

(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)
 AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL DRIVE TOW

DIMENSIONS DIFFERENT THAN OR AXLE GROUP WEIGHTS GREATER THAN THOSE SHOWN BELOW ARE NOT AUTHORIZED

DESCRIPTION OF HAULING EQUIPMENT: _____

TRAILER LENGTH:	VEHICLE WIDTH:		KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:			
LOADED HEIGHT:	LOADED WIDTH:		LOADED OVERALL LENGTH:						
AXLE NUMBER	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									

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - City and/or County Permits are required whenever the * is shown in the State Route

PILOT CAR Yes No

CASH, CHECK, EXEMPT INFORMATION	OR	APPLICANT SIGNATURE	DATE
FEE \$	NUMBER OF TRIPS	AUTHORIZED CITY AGENT	DATE

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

Contact Person (PRINT): _____ CITY Agent (PRINT): _____

Requesting: Saturday & Sunday 3 AM Darkness Weight Class: