

ANNUAL TRANSPORTATION PERMIT CITY OF SANTA ROSA-DEPARTMENT OF PUBLIC WORKS

Revision 9/07

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 <u>0001</u> / /	AUTHORIZED CITY REPRESENTATIVE _____
AND SUNSET / /	
MOVING AUTHORIZED YES NO SATURDAY ** <input checked="" type="checkbox"/> <input type="checkbox"/> SUNDAY ** <input checked="" type="checkbox"/> <input type="checkbox"/> SUNSET TO SUNRISE ** <input checked="" type="checkbox"/> <input type="checkbox"/> **SEE PILOT CAR REQUIREMENT	

NAME
ADDRESS
CITY/STATE
EMAIL
PHONE FAX

<input type="checkbox"/> HAUL <input checked="" type="checkbox"/> DRIVE <input type="checkbox"/> TOW	LOAD OR EQUIPMENT AND MODEL NO. An extra legal load as defined in Section 320.5 of the California Vehicle Code	THIS IS AN ANNUAL PERMIT AND IS NOT VALID WHEN COPIED
TYPE VEHICLE		

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

KING PIN TO LAST AXLE	COMBINED VEHICLE LENGTH:	WEIGHT CLASS:							
MAX. HEIGHT:	MAX. WIDTH:	MAX. OVERHANG:							
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN	DESTINATION						TRIPS		

AUTHORIZED ROADS/STREETS

PILOT CAR REQUIREMENT FOR ANNUAL TRIP When width exceeds 10'-0", moves authorized by this permit shall be accompanied by a pilot car. When a pilot car is required, moving is not authorized on Saturday, Sunday or from sunset to sunrise.	ATTACHMENTS <input checked="" type="checkbox"/> PERMIT CONDITIONS <input checked="" type="checkbox"/> PERMIT MAP <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> EXEMPT	FEE: \$ <u>85.00</u>	I DECLARE THAT I HAVE READ ALL THE TERMS, CONDITIONS AND RESTRICTIONS SET ON THIS PERMIT AND THE ATTACHMENTS. I PROMISE TO COMPLY WITH EACH AND EVERY TERM, CONDITION AND RESTRICTION. _____ / / PERMITTEE OR AUTHORIZED AGENT SIGNATURE DATE	VOICE (707) 543-3814 FAX (707) 543-3801
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