

**SINGLE TRIP TRANSPORTATION
PERMIT
CITY OF SANTA ROSA
PUBLIC WORKS DEPARTMENT**

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

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 OFFICE PHONE NUMBER _____
 () _____
 FAX NUMBER _____
 () _____
 EMAIL ADDRESS _____

PERMIT VALID:
 FROM: ____/____/____
 TO: ____/____/____

MOVING AUTHORIZED:
 YES NO
 SATURDAY:
 SUNDAY:
 DARKNESS (CVC 280):

PERMIT NUMBER _____
 THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

(DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following: HAUL DRIVE TOW

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	1	2	3	4	5	6	7	8	9
VEHICLE WIDTH:									
KINGPIN TO LAST AXLE:									
COMB. VEHICLE LENGTH:									
NUMBER OF 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 CITY STREETS. STATE AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE CITY ROUTE.	CITY USE ONLY
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO	

CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> EXEMPT <input type="checkbox"/>	APPLICANT SIGNATURE	DATE
CHARGE TO:	FEE \$	NUMBER OF TRIPS
AUTHORIZED CITY REPRESENTATIVE		DATE

REQUESTED ROUTE (include Address of Origin and Delivery Site)

CONTACT PERSON

City of Santa Rosa, Public Works Department
 69 Stony Circle, Santa Rosa, CA 95401

Voice (707) 543-3814
 Fax (707) 543-3801