

CITY OF SAN GABRIEL

TRANSPORTATION PERMIT OVERSIZE LOAD

NAME _____

ADDRESS _____

CTY/ST/ZIP _____

PERMIT VALID:

FROM: _____

TO: _____

MOVING AUTHORIZED:

SATURDAY: NO

SUNDAY: NO

DARKNESS (CVC 280): _____

PERMIT NUMBER

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

Permit Conditions

Holiday Restrictions

Gen. Liability

Auto Liability

Workers Comp.

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

DESCRIPTION OF HAULING EQUIPMENT: _____

	VEHICLE WIDTH:				KINGPIN TO LAST AXLE:				COMB. VEHICLE 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										

LOADED DIMENSIONS GREATER THAN THOSE SHOWN ABOVE ARE NOT AUTHORIZED

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

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

RTE: _____

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NO. OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE (Include Address of Origin and Delivery Site)

Contact Person (PRINT): _____

SG MC Section 8-3.01-8-3.13
cc Police Dept.