



CITY of
ATASCADERO

Over-Dimensional Transportation Permit

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

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER (Including Area Code) _____

OFFICE FAX NUMBER (Including Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: _____ HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____

DESCRIPTION OF HAULING EQUIPMENT: _____

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

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

AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED	PERMIT VALID FOR POSTED TRUCK ROUTES ONLY with local access for pickup/delivery according to Section 35703 of the CVC
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO	***PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE
Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.	

NUMBER OF TRIPS	\$16 - Daily Permit \$90 - Annual Permit	APPLICANT CONTACT PERSON (PRINT)	DATE
FEE \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK		APPLICANT SIGNATURE	DATE
*Please reference the contact information below to submit your permit request. If submitting a fax request please include a copy of the check being issued and then mail the original check and a copy the permit request to the City of Atascadero.		AUTHORIZED BY CITY AGENT	DATE