



APPLICATION FOR TRANSPORTATION PERMIT OVERSIZE LOAD

San Gabriel
CITY WITH A MISSION

Public Works
Engineering Division
425 South Mission Drive
San Gabriel, CA 91776

Telephone: (626) 308-2825 Website: www.sangabrielcity.com

<p><i>Please print legibly</i> Today's Date: _____</p> <p>Applicant's Name/Company Name: _____</p> <p>Applicant's Address: _____</p> <p>Office Phone #: _____</p> <p>Mobile Phone #: _____</p> <p>Fax #: _____</p> <p>Email: _____</p>	<p style="text-align: center;">Permit Valid</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>MOVING AUTHORIZED</p> <p>Saturday: _____</p> <p>Sunday: _____</p> <p>Darkness: _____</p> <p>CVC 280: _____</p>	<p style="text-align: center;">Permit #:</p> <p>_____</p> <p>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS (Mark X):</p> <p><input type="checkbox"/> Permit Conditions</p> <p><input type="checkbox"/> Holiday Restrictions</p> <p><input type="checkbox"/> General Liability</p> <p><input type="checkbox"/> Auto Liability</p> <p><input type="checkbox"/> Workers Compensation</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
--	---	---

Provide a description of the load or equipment and model number. Include dimensions of load.

Authorization is granted for the following:

- Haul
- Drive
- Tow

Describe hauling equipment: _____

Vehicle Width: _____ Kingpin to Last Axle: _____ Comb. Vehicle Length: _____ Max. Allowable Weight: _____

Axle Number:	1	2	3	4	5	6	7	8	9
Number Tires Per Axle:									
Distance Between Axles:									
Width of Axles at Tire Sidewall:									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN ABOVE ARE NOT AUTHORIZED

Loaded Height: _____ Loaded Width: _____ Overall Length: _____ Loaded Overhang: _____ Weight Class: _____

Origin: _____ Destination: _____

Authorized route into and out of City or to/from State highways:

Pilot Car: Yes No

Number of Trips: _____

Cash/Check/Credit Card Fee Amount: \$ _____

Applicant's Signature: _____ Date: _____ Authorized City Agent: _____ Date: _____