

**CITY OF WOODLAND
COMMUNITY DEVELOPMENT DEPARTMENT
ENGINEERING DIVISION**

300 FIRST STREET
WOODLAND CA 95695

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 (Include Area Code) _____

FAX NUMBER (Include Area Code) _____

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD) Authorization is granted for the following: Haul Drive Tow

PERMIT VALID:

FROM:

TO:

TIME:

MOVING AUTHORIZED:

SATURDAY:

SUNDAY:

DARKNESS (CVC 280):

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

- Permit Conditions
- Holiday Restrictions (refer to State permit)
- Woodland Map _____
- _____
- _____
- _____
- _____

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	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 BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
----------------	---------------	------------------------	------------------	---------------

ORIGIN: _____

DESTINATION: _____

AUTHORIZED ROUTE/STREETS. STATE AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE ROUTE.

PILOT CAR: **Follow Caltrans guidelines**

CASH, CHECK, OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE:
FEE 101-4227	NUMBER OF TRIPS	AUTHORIZED CITY REPRESENTATIVE
		DATE:

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

CONTACT PERSON _____

(530) 661-5820

TRANSPORTATION PERMIT

FAX (530) 661-5844