TRANSPORTATION PERMIT

In compliance with your request and subject to all the terms, conditions, and restrictions written below and attachments, permission is herby granted to:	**Permit Valid** **From:** _____ **To:** _____ **Sunrise to Sunset**	**Permit Number** **#** _____ **SINGLE TRIP / ANNUAL**
	No moving permitted: *Sat / Sun / Holidays or 7:00-8:00 am & 3:30-8:00 pm Weekdays*	This permit is not valid without the following attachments: ☐ Attached Provisions ☐ _____

Company:			
Contact name:			
Address:		Office Phone:	
City:	Zip:	Cell Phone:	
		Fax:	
Authorization is granted for the following:	☐ Haul	☐ Drive	☐ Tow
Load or equipment model number:	Number of Trucks:	Number of Trips:	Time Period: From: _____ To:_____
Description of hauling equipment:			
	Vehicle Width: _____ Ft. _____ In.	Kingpin to last axle: _____ Ft. _____ In.	Combined Vehicle Length: _____ Ft. _____ In.
Axle number:	1 2 3 4 5 6 7 8 9		
Number of tires per axle:			
Distance between axles:			
Width of axles at tire sidewalls:			
Maximum allowable weight:	_____ Lbs.		

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

Height: _____ Ft. _____ In.	Width: _____ Ft. _____ In.	Length: _____ Ft. _____ In.
Width class: _____		Overhang:_____ Ft. _____ In.
Origin:	Destination:	

Authorized City Route *(other city, county, or state permits may be required):*

Pilot car required: ☐ Yes ☐ No		
☐ width exceeding 12" (rear pilot)	☐ length exceeding 105" (rear pilot)	
☐ width exceeding 14" (rear pilot)	☐ height exceeding 14" (front pilot w/vertical measuring device)	
Applicant Signature	**Applicant Name (Print)**	**Date:**

**** BELOW TO BE COMPLETED BY THE CITY ****

This permit is approved subject to the following conditions:

FEE: $16 SINGLE TRIP / $90 ANNUAL ☐ Cash ☐ Check # _____ ☐ Exempt ☐ Trust Acct # _____ Receipt No. _____		
	Approved By (Signature)	Date

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