

City of Aliso Viejo • Public Works Department TRANSPORTATION PERMIT		Permit Valid From: _____ To: _____		Permit Number # _____	
<i>In compliance with your request and subject to all the terms, conditions, and restrictions written below and attachments, permission is hereby granted to:</i>		Sunrise to Sunset <i>No moving permitted: Sat / Sun / Holidays or 7:00-8:00 am & 3:30-8:00 pm Weekdays</i>		SINGLE TRIP / ANNUAL	
				This permit is not valid without the following attachments: <input type="checkbox"/> Attached Provisions <input type="checkbox"/> _____	
Company:		Phone Number (Office):			
Contact name:		Cell Phone (Field):			
Address:		Fax Number:			
City: _____ Zip: _____					
Authorization is granted for the following:		<input type="checkbox"/> Haul		<input type="checkbox"/> Drive	
				<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> width exceeding 12" (rear pilot)		<input type="checkbox"/> length exceeding 105" (rear pilot)			
<input type="checkbox"/> width exceeding 14" (rear pilot)		<input type="checkbox"/> 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 <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Trust Acct # _____		Approved By (Signature)		Date	
Receipt No. _____					