


Transportation Permit

 San Benito County Public Works 2301 Technology Parkway Hollister CA 95023 Phone: (831)636-4170, Fax: (831)636-4176 Email: sbcpw@cosb.us In compliance with your request and subject to all the terms, conditions and restrictions written below and the attachments, permission is hereby granted to:				Permit Valid: From: To: Moving Authorized				Permit Number			
Name:				Saturday:				This permit is not valid without the following attachments: <input checked="" type="checkbox"/> Permit Conditions <input checked="" type="checkbox"/> Permit Rider <input type="checkbox"/> Holiday restrictions _____ _____ _____ _____			
Address:				Sunday:							
City, state, zip:				Darkness (CVC 280):							
Office phone (include area code):				Fax Number (include area code):							
Description of load: <input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow											
Description of hauling equipment:											
				Vehicle width:		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											
Loaded dimensions greater than those shown below or weights exceeding those shown above are not authorized.											
Loaded height:			Loaded width:			Loaded overall length:		Loaded overhang:		Weight class:	
Origin: N/A				Destination: N/A							
Authorized roads, streets, highways:											
<i>San Benito County roads as allowed. Please see attached Permit Rider for route restrictions.</i>											
Pilot car: <input type="checkbox"/> Yes <input type="checkbox"/> No											
<i>See attached Permit Rider for pilot car requirement.</i>											
Note: This permit is valid from _____ through _____ provided pertinent insurance is current.											
<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Exempt		Fee: \$ 90.00		Number of trips: Multiple		Applicant Signature:		Date:			
						Authorized Agency Representative:		Date:			
<i>THIS IS AN ANNUAL PERMIT AND IS NOT VALID IF COPIED OR FAXED</i>											
						Contact person:					