


Transportation Permit

 San Benito County Public Works 3220 Southside Road Hollister CA 95023 831-636-4170, Fax: 831-636-4176 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 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:					Destination:						
Authorized roads, streets, highways:											
Pilot car: <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Exempt					Applicant Signature:			Date:			
		Fee: \$		Number of trips:		Authorized Agency Representative:		Date:			
Requested route: (include address of origin and delivery site)											
					Contact person:						