

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:				Permit Number			
				From:							
Name:				Moving Authorized				This permit is not valid without the following attachments: <input checked="" type="checkbox"/> Permit conditions <input type="checkbox"/> Permit Rider <input type="checkbox"/> Holiday restrictions _____ _____ _____ _____			
Address:				Saturday:							
City, state, zip:				Sunday:							
Office phone (include area code):				Darkness (CVC 280):							
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:			
					Authorized Agency Representative:			Date:			
		Fee: \$ 16.00		Number of trips: ONE							
Requested route: (include address of origin and delivery site)											
					Contact person:						