

Transportation Permit

 <p style="text-align: center;">San Benito County Public Works 3220 Southside Road Hollister CA 95023 831-636-4170, Fax: 831-636-4176</p> <p style="text-align: center;">In compliance with your request and subject to all the terms, conditions and restrictions written below and the attachments, permission is hereby granted to:</p>				Permit Valid: From: To: Moving Authorized Saturday:				Permit Number This permit is not valid without the following attachments: <input checked="" type="checkbox"/> Permit conditions <input type="checkbox"/> Holiday restrictions _____ _____ _____ _____ _____			
Name:				Darkness (CVC 280)							
Address:											
City, state, zip:											
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 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:											
<i>San Benito County roads as allowed. Please notify the Public Works Department prior to moving loads under this permit to verify route, road conditions, and structural load limit on bridges.</i>											
Pilot car: <input type="checkbox"/> Yes <input type="checkbox"/> No				NOTE: Pilot car may be required to be determined at time of notification, per above request							
<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Exempt		Fee:		Number of trips:		Applicant Signature:				Date:	
		\$				Authorized Agency Representative				Date:	
Requested route: (include address of origin and delivery site)											
						Contact person:					