

## Transportation Permit

 <p><b>San Benito County Public Works</b> 3220 Southside Road Hollister CA 95023 831-636-4170, Fax: 831-636-4176</p> <p>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: Sunday: Darkness (CVC 280)	Permit Number  This permit is not valid without the following attachments: <input checked="" type="checkbox"/> Permit conditions <input type="checkbox"/> Holiday restrictions _____ _____ _____ _____ _____						
Name: _____ 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 License No: _____		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: _____ _____									
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: _____			