



CITY OF HAYWARD TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Including Area Code) _____ OFFICE FAX NUMBER (Including Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NUMBER _____ HAUL DRIVE TOW

DIMENSIONS OF LOAD _____

PERMIT VALID:
FROM: _____
TO: _____

MOVEMENT AUTHORIZED

SATURDAY: _____

SUNDAY: _____

DARKNESS (CVC280): _____

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

Permit Conditions

Pilot Car Special Conditions

DESCRIPTION OF HAULING EQUIPMENT:					VEHICLE LICENSE NO. OR VIN				
VEHICLE WIDTH:		SEMI-TRAILER LENGTH:			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 HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:			LOADED OVERHANG:		WEIGHT CLASS:		

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET) _____ DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET) _____

AUTHORIZED CITY ROADWAYS - STATE AND/OR COUNTY PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN IN THE CITY ROUTE.

(DO NOT WRITE IN AREA BELOW, FOR CITY USE ONLY)

PILOT CAR: Yes No

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE		DATE
CREDIT CARD EXP. DATE	FEE \$	NUMBER OF TRIPS	AUTHORIZED CITY AGENT Ofc. Matthews #341		DATE

REQUESTED ROUTE: _____

APPLICANT CONTACT PERSON (PRINT) _____