

TRANSPORTATION PERMIT CITY OF SAN JACINTO

595 S. San Jacinto Ave., San Jacinto, CA 92583

In compliance with your request & subject to all terms, conditions & restrictions written below & the attachments, permission is hereby granted to:



**Permit Valid
Between**

Sunrise / /
and
Sunset / /

Permit Number

Approved

TRANSPORTER

NAME:

ADDRESS:

CITY / STATE:

PHONE:

FAX:

MOVING AUTHORIZED

Saturday	YES	NO
Sunday	YES	NO
Sunset to Sunrise	YES	NO

HAUL	Description of the load or equipment and Model#, License & Lic# of operating vehicles. Include dimension's load.
DRIVE	
TOW	

Description of Hauling Equipment:

Vehicle Width:	Kingpin to Last Axel:					Comb. Vehicle Length:			
Axel Number	1	2	3	4	5	6	7	8	9
Number Tires/Axel									
Distance Between Axels									
Axel Width @ SW									
Max. Wt. Allowed									

LOAD DIMENSIONS GREATER THAN BELOW OR WEIGHTS EXCEEDING THOSE ABOVE ARE NOT AUTHORIZED

Loaded Height:	Loaded Overall Length:	
Loaded Width:	Loaded Overhang:	Weight Class:

Origin: _____ Destination: _____

ROUTE: All City roads capable of accommodating this load.

Pilot Car Yes No

Charge Cash	Fee: \$	Receipt#:	Date:	Number of Trips:
--------------------	----------------	------------------	--------------	-------------------------

Applicant Signature: _____ **Authorized Signature:** _____

Date: _____ **Date:** _____

Requested Route:

Contact Person: _____