

**Placer County Department of Public Works  
Transportation Permit**

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

NAME:

ADDRESS:

CITY/STATE/ZIP:

OFFICE PHONE (include area code):

FAX NUMBER (include area code):

**Permit Valid**

FROM: SUNRISE  
TO: SUNSET

**MOVING AUTHORIZED**

YES  NO SATURDAY  
 YES  NO SUNDAY  
 YES  NO SUNSET TO SUNRISE

AUTHORIZED REPRESENTATIVE

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

Permit Conditions

\_\_\_\_\_

\_\_\_\_\_

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following:  Haul  Drive  Tow

DESCRIPTION OF HAULING EQUIPMENT:

| 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: | Number Of Trips: |  |
| Origin:        | Destination:  |                        |                  |                  |  |

**AUTHORIZED COUNTY ROADS**

THIS PERMIT VALID FOR COUNTY ROADS ONLY. STATE/CITY PERMITS MAY BE REQUIRED.

|   |  |
|---|--|
| PILOT CAR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>See Attached<br><br><input type="checkbox"/> CASH<br><input type="checkbox"/> CHARGE FEE:<br><input type="checkbox"/> EXEMPT | <p style="text-align: center;"><b>**IF CROSSING CENTERLINE - CHP ESCORT REQUIRED**</b></p> <p style="text-align: center;">_____<br/>AUTHORIZED AGENT SIGNATURE</p> <p style="text-align: center;">_____<br/>DATE</p> |
|---|--|