

**SUTTER COUNTY
DEVELOPMENT SERVICES DEPARTMENT
TRANSPORTATION PERMIT**

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

<input type="checkbox"/> SINGLE TRIP <input type="checkbox"/> ANNUAL PERMIT <input type="checkbox"/> REPETITIVE	
PERMIT VALID: FROM: / / TO: / / MOVING AUTHORIZED SATURDAY: SUNDAY: DARKNESS (CVC 280):	PERMIT NUMBER THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Pilot Car Requirements <input type="checkbox"/> Bridge List <input type="checkbox"/> City Limit Maps <input type="checkbox"/> CHP Contract (If Required)
NAME	EMAIL ADDRESS:
ADDRESS	OFFICE PHONE NUMBER: (Include Area Code)
CITY/STATE/ZIP	FAX NUMBER: (Include Area Code)

(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following: HAUL DRIVE TOW

An Extra Legal Load as Defined in Section 320.5 of the CVC.

DESCRIPTION OF HAULING EQUIPMENT:

3 Axle Tractor - 2 Axle Trailer or 3 axle tractor and any vehicle combination 5 - 9 axles.

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	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 WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:		DESTINATION:		
AUTHORIZED ROUTES – CITY AND/OR STATE PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN IN THE COUNTY ROUTE				
PILOT CAR: <input type="checkbox"/> YES <input type="checkbox"/> NO				
1 Pilot Car required for load or vehicle widths 12'-1" to 14'-0"				
2 Pilot Cars required for load or vehicle widths 14'-1" to 15'-0"				
Load or vehicle widths greater than 15'-0" require a CHP Escort + 2 Pilot Cars				

CASH, CHARGE, OR EXEMPT INFORMATION	APPLICANT SIGNATURE:	DATE:
CHK # FEE \$ NUMBER OF TRIPS	AUTHORIZED AGENT: Approved - James E. Walton	DATE:

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

PERMIT COMPANY:	CONTACT PERSON (PRINT):
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OFFICIAL USE ONLY: NEW PERMIT RENEW PERMIT (PREVIOUS ANNUAL PERMIT # _____, YEARS : ___/___)