

REPETITIVE TRIP TRANSPORTATION PERMIT

CITY OF DIXON
600 EAST A STREET, DIXON, CA 95620
TELEPHONE (707) 678-7030 FAX (707) 678-7039

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

<p>PERMIT VALID:</p> <p>DATE: _____</p> <p>TIME: 9:00 AM - 12:00 PM 1:00 PM - 4:00 PM 6:00 PM - DUSK</p> <p>MOVING AUTHORIZED:</p> <p>SATURDAY: <input type="checkbox"/></p> <p>SUNDAY: <input type="checkbox"/></p> <p>DARKNESS: <input type="checkbox"/></p>	<p>PERMIT NUMBER: _____</p> <p>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:</p> <p><input checked="" type="checkbox"/> PERMIT CONDITIONS</p> <p><input type="checkbox"/> HOLIDAY RESTRICTIONS</p> <p><input checked="" type="checkbox"/> TRUCK ROUTE MAP</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

(SHOW A DESCRIPTION OF THE LOAD AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)
 AUTHORIZATION IS GRANTED FOR THE FOLLOWING:

HAUL DRIVE TOW

DESCRIPTION OF HAULING EQUIPMENT: _____

	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									
AXLE WIDTH AT SIDEWALL									
MAXIMUM WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN OR WEIGHTS EXCEEDING THOSE SHOW ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE STATE ROUTE

PILOT CAR: YES NO NOTE: PILOT CAR REQUIRED FOR WIDTHS GREATER THAN 12'0" or GREATER THAN 10'0" AS REQUIRED BY THE CITY ENGINEER

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE	FEE \$51.00	NUMBER OF TRIPS ONE
AUTHORIZED CITY AGENT		DATE

REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DELIVERY SITE) _____

CONTACT PERSON _____