

CITY OF HERCULES 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 _____

PERMIT VALID:
 FROM: _____
 TO: _____
 MOVING AUTHORIZED:
 SATURDAY: _____
 SUNDAY: _____
 DARKNESS (CVC280): _____

PERMIT NUMBER: _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

PERMIT CONDITIONS
 HOLIDAY RESTRICTIONS

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

(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 NUMBER TIRES PER AXLE	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	1	2	3	4	5	6	7	8	9
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: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED ROADS/STREETS/HIGHWAYS ** OTHER AGENCY PERMITS REQUIRED

NO TRAVEL IN RESIDENTIAL AREAS BETWEEN THE HOURS OF 7:30 PM & 7:30 AM

PILOT CAR Yes No

CASH CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ APPLICANT SIGNATURE _____ DATE _____

CREDIT CARD EXP. DATE _____ FEE \$16.00 NUMBER OF TRIPS ONE AUTHORIZED CITY AGENT _____ DATE _____

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

_____ CONTACT PERSON _____