

COUNTY OF IMPERIAL DEPT. OF PUBLIC WORKS /
 PLANNING & DEVELOPMENT SERVICES DEPARTMENT

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	PERMIT VALID:	PERMIT NUMBER
ADDRESS	FROM:	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
CITY/STATE/ZIP	TO:	
OFFICE PHONE NUMBER (Include Area Code)	MOVING AUTHORIZED:	
FAX NUMBER (Include Area Code)	SATURDAY:	
(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)		SUNDAY:
<i>Authorization is granted for the following:</i> <input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		DARKNESS (CVC 280):
		<input checked="" type="checkbox"/> Permit Conditions
		<input type="checkbox"/> Holiday Restrictions
		<input type="checkbox"/>

DESCRIPTION OF HAULING EQUIPMENT:

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 ABOVE ARE NOT AUTHORIZED

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

AUTHORIZED COUNTY ROADS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHENEVER THE ♦ IS SHOWN IN THE STATE ROUTE.	
PILOT CAR <input type="checkbox"/> Yes <input type="checkbox"/> No	

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NUMBER OF TRIPS	AUTHORIZED COUNTY AGENT	DATE

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

	CONTACT PERSON (PRINT)
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