City of ADELANTO

Department of Public Works

TRANSPORTATION PERMIT

PLEASE TYPE OR PRINT. IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME		**PERMIT VALID** FROM: TO:	**PERMIT NO.**
ADDRESS		**MOVEMENT AUTHORIZED** ☐ SAT ☐ SUN ☐ Darkness *(CVC 280) *(CVC 280) "Darkness" is any time from one-half hour after sunset to one-half hour before sunrise and any other time when visibility is not sufficient to render clearly discernible any person or vehicle on the highway at a distance of 1000 feet.	
CITY	STATE / ZIP		
APPLICANT TEL. NO.:	APPLICANT FAX NO.:	PERMIT CO. TEL NO.:	PERMIT CO. FAX NO.:

DESCRIPTION OF THE LOAD OR EQUIPMENT: ☐ HAUL ☐ DRIVE ☐ TOW	**THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:** ☐ Permit Conditions ☐ Other_____
DIMENSIONS OF LOAD:	
DESCRIPTION OF HAULING EQUIPMENT:	

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:	KINGPIN TO LAST AXEL:	COMBINED VEHICLE LENGTH:

AXEL NUMBER:	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									

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

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET):	DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET):

AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE:
*PLEASE NOTE THERE IS NO **THRU-TRAFFIC** ON **BELLFLOWER** UNLESS IT IS THE ORIGINATION OR DESTINATION.

PILOT CAR REQUIRED ☐ NONE ☐ FRONT ☐ FRONT & REAR ☐ CHP ESCORT- REQUIRED ON 15'1"+ WIDE

FEE $16	CHECK NUMBER (INCLUDE A COPY OF CHECK):

APPLICANT SIGNATURE:	DATE
APPLICANT NAME *(PRINT)*	

Send a copy of the permit and a copy of the check to : amower@ci.adelanto.ca.us

FOR OFFICE USE ONLY:	**AUTHORIZED SIGNATURE:**	**DATE**
☐ COPY OF CHECK RECEIVED /CHECK NUMBER:		

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