



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		<b>MOVEMENT AUTHORIZED</b> <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> Darkness *(CVC 280) <small>*(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.</small>			
CITY	STATE	ZIP			
APPLICANT TEL. NO.:		APPLICANT FAX NO.:		PERMIT CO. TEL NO.:	
				PERMIT CO. FAX NO.:	
DESCRIPTION OF THE LOAD OR EQUIPMENT: <input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW				<b>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:</b> <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Other _____	
DIMENSIONS OF LOAD:					
DESCRIPTION OF HAULING EQUIPMENT:					
VEHICLE WIDTH:		SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXEL:	
AXEL NUMBER:	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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):		
<b>AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE:</b> *PLEASE NOTE THERE IS NO THRU-TRAFFIC ON BELLFLOWER UNLESS IT IS THE ORIGIN OR DESTINATION.					
PILOT CAR REQUIRED <input type="checkbox"/> NONE <input type="checkbox"/> FRONT <input type="checkbox"/> FRONT & REAR <input type="checkbox"/> 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 : <a href="mailto:nburnatte@ci.adelanto.ca.us">nburnatte@ci.adelanto.ca.us</a> or <a href="mailto:bwolfe@ci.adelanto.ca.us">bwolfe@ci.adelanto.ca.us</a>					
<b>FOR OFFICE USE ONLY:</b>			<b>AUTHORIZED SIGNATURE:</b>		<b>DATE</b>
<input type="checkbox"/> COPY OF CHECK RECEIVED /CHECK NUMBER:					