

CITY OF LOMPOC

100 Civic Center Plaza
 (805) 875-8269, Fax: (805) 875-8769, Email: engpermits@ci.lompoc.ca.us

TRANSPORTATION PERMIT

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

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Including Area Code) _____ **OFFICE FAX NUMBER (Including Area Code)** _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. _____ HAUL DRIVE TOW

DIMENSIONS OF LOAD _____

DESCRIPTION OF HAULING EQUIPMENT: _____

PERMIT VALID:
 FROM: _____
 TO: _____

MOVEMENT AUTHORIZED:
 PERMIT VALID FOR 7 CONSECUTIVE DAYS
 SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.
 NO NIGHT TRAVEL

PERMIT NUMBER _____

THIS PERMIT NOT VALID IS WITHOUT THE FOLLOWING ACCOMPANIMENTS:

Permit Conditions

Approved Caltrans Trans. Permit

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	1	2	3	4	5	6	7	8	9
AXLE NUMBER									
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

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

ORIGIN: _____ DESTINATION: _____

AUTHORIZED ROUTE

PILOT CAR YES NO

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

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

CONTACT PERSON (PRINT) _____