



CITY OF WEST SACRAMENTO

TRAFFIC/TRANSPORTATION SECTION

1110 WEST CAPITOL AVE., WEST SACRAMENTO, CA 95691

(916) 617-4850 FAX: (916) 617-5330

ANNUAL 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 (PLEASE PRINT LEGIBLY OR TYPE)

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (Including Area Code)

OFFICE FAX NUMBER (Including Area Code)

DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL NO. [] HAUL [] DRIVE [] TOW
AN EXTRA LEGAL LOAD AS DEFINED IN SECTION 320.5 OF THE C.V.C.

LICENSE:

DESCRIPTION OF HAULING EQUIPMENT:

KINGPIN TO LAST AXLE:

COMB. VEHICLE LENGTH:

Table with 9 columns for axle numbers and rows for number of tires per axle, axle spacing, axle width, and max weight.

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

Table with 5 columns: LOADED HEIGHT, LOADED WIDTH, LOADED OVERALL LENGTH, LOADED OVERHANG, WEIGHT CLASS.

ORIGIN: TO AND FROM ALL POINTS ON CITY APPROVED TRUCK ROUTES

DESTINATION: TO AND FROM ALL POINTS ON CITY APPROVED TRUCK ROUTES

SPECIAL CONDITIONS:
* THIS IS AN ANNUAL PERMIT AND IS NOT VALID IF COPIED OR FAXED
* NOTIFY THE CITY OF WEST SACRAMENTO, TRAFFIC/TRANSPORTATION SECTION @ (916) 617-4850 TWENTY-FOUR HOURS IN ADVANCE WHEN MOVING LOADS OVER 15'-0" HIGH, 12'-0" WIDE, OR 95'-0" OVERALL LENGTH FOR ROUTE VERIFICATION/APPROVAL. SEE PILOT CAR CRITERIA
THIS IS NOT A BLANKET PERMIT. ALL ROUTES FOR OVERSIZED LOADS MUST BE VERIFIED BY THE CITY OF WEST SACRAMENTO'S TRAFFIC/TRANSPORTATION SECTION WHEN MOVING LOADS.

PILOT CAR: [] REQUIRED [] NOT REQUIRED

APPLICANT AGREES TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF WEST SACRAMENTO AND DOES HEREBY CERTIFY THAT ALL HAULING UNITS ARE DULY REGISTERED WITH THE DEPARTMENT OF MOTOR VEHICLES AS REQUIRED BY LAW AND DOES FURTHER CERTIFY THAT ALL HAULING EQUIPMENT OR SELF-PROPELLED EQUIPMENT DESCRIBED ABOVE CONFORMS TO ALL OTHER APPLICABLE PROVISIONS OF THE CALIFORNIA VEHICLE CODE.

APPLICANT SIGNATURE: PERMIT COMPANY: (Leave Blank if N/A) DATE:

FEE \$90.00 PAYMENT: Drawdown Account Check/US Mail Check Number: NUMBER OF TRIPS: UNLIMITED

AUTHORIZED CITY AGENT: DATE:

PERMIT VALID:

FROM:

TO:

MOVEMENT AUTHORIZED:

PERMIT VALID FOR:

UNLIMITED

Yes No

Saturday

[X] []

Sunday

[X] []

Sunset - Sunrise

[X] []

PERMIT NUMBER

ORIGINAL

Field to be completed by City

THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

[X] PERMIT CONDITIONS PURSUANT TO CITY ORD. 88-17

[X] SPECIAL CONDITIONS FOR ROUTE RESTRICTIONS

[X] TRUCK ROUTE MAP

[X] PILOT CAR CRITERIA AND DETERMINATION

[] SPECIAL CONDITIONS FOR TOW TRUCKS

[] SPECIAL CONDITIONS FOR MANUFACTURED HOUSING

[] SPECIAL CONDITIONS FOR HOLIDAY TRAVEL

[]