CITY OF SAN PABLO
TRANSPORTATION PERMIT

PUBLIC WORKS DEPARTMENT - ENGINEERING DIVISION
13831 San Pablo Avenue, Bldg. 3
San Pablo, CA 94806
Ph: (510) 215-3060   Fax: (510) 215-3013

PERMIT #: _____

Fee: $16.00

DATE: _____

TRANSPORTER:	PERMITS VALID BETWEEN	**PERMIT APPROVED**
	9:00 AM TO **4:00 PM**	**By: _____**
ADDRESS:	DATES: _____ TO _____	**Public Works Director**
CITY/STATE:	MOVING AUTHORIZED:	**Date: _____**
	SATURDAY: **NO**	**Additional Reqts.: _____**
PHONE:	SUNDAY: **NO**	**_____**
FAX:	SUNSET TO SUNRISE: **NO**	**Comments: _____** **_____**

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NUMBER: HAUL ☐ DRIVE ☐ TOW ☐	**Distribution:**
DIMENSIONS OF LOAD:	Police Department:☐
DESCRIPTION OF HAULING EQUIPMENT:	Street Supervisor: ☐
TYPE VEHICLE:	File: ☐
KINGPIN TO LAST AXLE LENGTH: COMB. VEHICLE LENGTH:	Other: ☐

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING
THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX. HEIGHT:	MAX. WIDTH:		MAX. OVERALL LENGTH			MAX. OVERHANG:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORIGIN:	DESTINATION:	TRIPS: Single trip only
REQUESTED ROUTE:		
OTHER AGENCY PERMITS REQUIRED:		
PILOT CAR: YES ☐ NO ☐		

Permittee agrees to save indemnify and keep harmless the City of San Pablo and its officers, employees and against all liabilities, judgments, costs and expenses which may in any/manner accrue against the City in consequence of the granting of this permit, or from the use or occupancy of any sidewalk, street or right of way or other property by virtue thereof and will in all things strictly comply with the conditions of this permit, and provisions of all applicable ordinances of the City of San Pablo and the State.

Application Signature _____   **Date _____**