

CITY OF HERCULES

TRANSPORTATION PERMIT

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

NAME		PERMIT VALID: FROM: TO: MOVING AUTHORIZED: SATURDAY: SUNDAY: DARKNESS (CVC280):	PERMIT NUMBER:	
ADDRESS			THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> HOLIDAY RESTRICTIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CITY/STATE/ZIP				
OFFICE PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)			
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD) <i>Authorization is granted for the following:</i> <input type="checkbox"/> Haul: <input type="checkbox"/> Drive: <input type="checkbox"/> Tow:				

DESCRIPTION OF HAULING EQUIPMENT

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

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

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN:	DESTINATION:
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AUTHORIZED ROADS/STREETS/HIGHWAYS * - OTHER AGENCY PERMITS REQUIRED
NO TRAVEL IN RESIDENTIAL AREAS BETWEEN THE HOURS OF 7:30 PM & 7:30 AM
PILOT CAR <input type="checkbox"/> Yes <input type="checkbox"/> No

CASH CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE ADK PERMITS	DATE			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">CREDIT CARD EXP. DATE</td> <td style="width:10%;">FEE \$16.00</td> <td style="width:10%;">NUMBER OF TRIPS ONE</td> </tr> </table>	CREDIT CARD EXP. DATE	FEE \$16.00	NUMBER OF TRIPS ONE	AUTHORIZED CITY AGENT	DATE
CREDIT CARD EXP. DATE	FEE \$16.00	NUMBER OF TRIPS ONE			

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

	CONTACT PERSON
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