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## **COUNTY OF SANTA CRUZ**

DEPARTMENT OF PUBLIC WORKS GOVERNMENTAL CENTER 701 OCEAN STREET SANTA CRUZ, CALIFORNIA 95060 (831) 454-2160 FAX (831) 454-2385 TDD (831) 454-2123

PERMIT VALID:				PERMIT NUMBER				
FROM:								
TO:								
MO	VING AL	JTHORIZED:		ATTACHMENTS:				
SATURD	AY:							
SUNDAY	·:			Permit Conditions				
	TO: MO SATURD	FROM:	TO:  MOVING AUTHORIZED: SATURDAY:	TO:  MOVING AUTHORIZED: SATURDAY:				

MATA CRUI	100 (831) 454-2123			DARKNESS No (CVC 280)			Bridge List  Moving Permit Number				
TRANSPORTATION PERMIT									ig i oninc ran	,	
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					OFFICE PHONE NUMBER						
ADDRESS					FAX NUMBER						
CITY/STATE/ZIP	CITY/STATE/ZIP										
(PROVIDE A DESCRIPTION C Authorization is granted for the				IO INCLUDE DRIVE		ONS OF L	.OAD)				
VEHICLE WIDTH:	5	SEMI-TRAILER	LENGTH:	KI	INGPIN T	O LAST	AXLE:	COMB	B. VEHICLE LEN	IGTH:	
AXLE NUMBER	1	2	3	4		5	6	7	8	9	
NUMBER OF TIRES PER AXLE											
DISTANCE BETWEEN AXLES					,	,					
WIDTH OF AXLES AT TIRE SIDEWALL											
MAXIMUM ALLOWABLE WEIGHT											
LOADED HEIGHT:	LOADE	D WIDTH:	LOADED	OVERALL L	ENGTH:	LOAD	ED OVERHAI	NG:	WEIGHTCLASS	S:	
ORIGIN:				DE	STINATIO	ON:					
AUTHORIZED COUNTY ROADS –  CITY AND/OR STATE PERMITS MAY BE REQUIRED											

THE COUNTY REQUIRES AT LEAST 48 HOURS NOTICE, AFTER ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED, TO ISSUE A TRANSPORTATION PERMIT. THE PERMITEE WILL BE CONTACTED WHEN THE PERMIT IS READY.

PILOT CAR Yes	AS REQUIRED BY PERMIT CONDITIONS	APPROVED:	
NUMBER OF TRIPS	FEE \$	JOHN J. PRESLEIGH DIRECTOR OF PUBLIC WORKS	3
CASH CHECK	RECEIPT #	BY	DATE
PERMITTEES AUTHORIZED AGENT	(SIGNATURE)		DATE