

**City of Seaside
Resource Management Services
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 _____

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:

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: _____

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 STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ APPLICANT SIGNATURE _____ DATE _____

CREDIT CARD EX. DATE _____ FEE \$ _____ NUMBER OF TRIPS _____ AUTHORIZED STATE AGENT _____ DATE _____

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

CONTACT PERSON (PRINT) _____