



Send completed permit to:
encroachmentpermits@ci.petaluma.ca.us

CITY OF PETALUMA
SINGLE TRIP TRANSPORTATION PERMIT

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

NAME:	PERMIT VALID: FROM: _____ TO: _____	PERMIT NUMBER
ADDRESS:	MOVEMENT AUTHORIZED:	PERMIT ACCOMPANIMENTS
CITY/STATE/ZIP	SATURDAY: _____	<input checked="" type="checkbox"/> PILOT CAR REQUIREMENTS
	SUNDAY: _____	<input checked="" type="checkbox"/> CALTRANS CONDITIONS
	DARKNESS: _____	<input type="checkbox"/> CALTRANS PERMIT #:

OFFICE PHONE NUMBER (Including Area Code)	OFFICE FAX NUMBER (Including Area Code):
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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:						
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									

NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN	DESTINATION
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REQUESTED ROUTE:

PILOT CAR YES NO *****PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE**

Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.

APPLICANT BUSINESS NAME (PRINT)	APPLICANT ADDRESS, CITY, STATE, ZIP
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APPLICANT E-mail Address:

APPLICANT CONTACT (PRINT)	APPLICANT SIGNATURE	DATE
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FEE \$ 16.00	NUMBER OF TRIPS ONE	AUTHORIZED BY POLICE DEPT:	AUTHORIZED BY PUBLIC WORKS:	DATE
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Public Works & Utilities Department, 11 English Street Petaluma, CA 94952 (707) 778-4303, option 6

VISA/MASTERCARD NUMBER	CC EXP. DATE
NAME ON CARD	PHONE NUMBER ASSOCIATED W/ CARD