



Department of Public Works

Transportation Permit

PLEASE TYPE OR PRINT. 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 NO.	
ADDRESS		MOVEMENT AUTHORIZED			
CITY	STATE	ZIP	<input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> Darkness *(CVC 280) <small>*(CVC 280) "Darkness" is any time from one-half hour after sunset to one-half hour before sunrise and any other time when visibility is not sufficient to render clearly discernible any person or vehicle on the highway at a distance of 1000 feet.</small>		
APPLICANT TEL. NO.:		APPLICANT FAX NO.:		PERMIT CO. TEL. NO.:	
				PERMIT CO. FAX NO.:	
DESCRIPTION OF THE LOAD OR EQUIPMENT: <input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW				THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS: <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Other _____	
DIMENSIONS OF LOAD:					
DESCRIPTION OF HAULING EQUIPMENT:					
VEHICLE WIDTH:		SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXEL:	
COMBINED VEHICLE LENGTH:					
AXEL NUMBER:	1	2	3	4	5
NUMBER OF TIRES PER AXLE					
DISTANCE BETWEEN AXLES					
WIDTH OF AXLES AT TIRE SIDEWALL					
LOADED HEIGHT	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:	
ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET):			DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET):		
AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE: *PLEASE NOTE THERE IS NO THRU-TRAFFIC ON BELLFLOWER UNLESS IT IS THE ORIGIN OR DESTINATION.					
PILOT CAR REQUIRED <input type="checkbox"/> NONE <input type="checkbox"/> FRONT <input type="checkbox"/> FRONT & REAR <input type="checkbox"/> CHP ESCORT- REQUIRED ON 15'1"+ WIDE					
FEE \$16		CHECK NUMBER (INCLUDE A COPY OF CHECK):			
APPLICANT SIGNATURE:					DATE
APPLICANT NAME (PRINT)					
Send a copy of the permit and a copy of the check to : nloyd@ci.adelanto.ca.us or mfraser@ci.adelanto.ca.us					
FOR OFFICE USE ONLY:		AUTHORIZED SIGNATURE:		DATE	
<input type="checkbox"/> COPY OF CHECK RECEIVED /CHECK NUMBER:					