



CITY OF SARATOGA

13777 FRUITVALE AVENUE · SARATOGA, CALIFORNIA 95070 · 408-868-1200

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS.
CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS.

PERMISSIONS IS HERBY GRANTED TO:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Include Area Code) _____ FAX NUMBER (Include Area Code) _____

PERMIT VALID:

FROM: _____

TO: _____

MOVING AUTHORIZED:

SATURDAY _____

SUNDAY _____

DARKNESS (CVC 280): _____

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHEMENTS:

Permit Conditions

Holiday Restrictions

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSION'S OF LOAD)

Authorization is granted for the following: Haul Drive Tow

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGSPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:			
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
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: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY _____

PERMITS ARE REQUIRED WHEREVER THE ★ IS SHOWN IN THE STATE ROUTE.

PILOT CAR YES NO

RECEIPT #	APPLICANT SIGNATURE		DATE
CASH OR CHECK ONLY	FEE	NUMBER OT TRIPS	AUTHORIZED CITY AGENT
REQUESTED ROUTE: (Include Address of Origin and Delivery Site)			DATE

d:\my documents\forms\oversize permits application _____ CONTACT PERSON _____