



CITY OF CLAREMONT

Engineering Division - (909) 399-5465
 207 Harvard Avenue P.O. Box 880, Claremont, CA 91711-0880

Application for OVERSIZED TRANSPORTATION PERMIT

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

Transporter Name, Address and Phone No.

	DESCRIPTION OF LOAD/EQUIPMENT AND MODEL NO.
HAUL DRIVE TOW	

Type Vehicle	Comb. Vehicle Lenth
King Pin to Last Axle	

Permit Valid Between	
AM	
PM	
And Sunset 	
Moving Authorized	
YES	NO
Saturday	
Sunday	
Sunset to Sunrise	
Authorized Agency Representative	
PERMIT VALIDATION	

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

Max Height:	Max Width:			Overall Length:			Max Overhang:			
	Axle Number	1	2	3	4	5	6	7	8	9
Number Tires										
Axle Spacing										

Weight	Origin	Destination	Trips	PILOT CAR NONE REQUIRED
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AUTHORIZED ROADS/STREETS/HIGHWAYS - OTHER AGENCY PERMIT(S) REQUIRED

ROUTE/COMMENTS:

ATTACHMENTS

Permit Conditions

FEE DETAIL		Cash	Charge	Exempt	Fee: \$
QTY	UOM	DESC	AMT DUE	AMT PAID	
	Each	Oversize			
Grand Totals:					\$

Permitless Authorized Agent(signature)

Date