



**City of Oakley
Public Works and
Engineering Dept.**
3231 Main Street
Oakley, CA 94561
PH. (925) 625-7037
FAX (925) 625-9194

TRANSPORTATION PERMIT

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

NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">PERMIT VALID</td> <td style="text-align: center;">PERMIT NUMBER</td> </tr> <tr> <td>FROM: _____</td> <td>_____</td> </tr> <tr> <td>TO: _____</td> <td></td> </tr> <tr> <td>MOVING AUTHORIZED:</td> <td rowspan="4" style="padding: 5px;"> THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> HOLIDAY RESTRICTIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> <tr> <td>SATURDAY: _____</td> </tr> <tr> <td>SUNDAY: _____</td> </tr> <tr> <td>DARKNESS: _____</td> </tr> </table>	PERMIT VALID	PERMIT NUMBER	FROM: _____	_____	TO: _____		MOVING AUTHORIZED:	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> HOLIDAY RESTRICTIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SATURDAY: _____	SUNDAY: _____	DARKNESS: _____
PERMIT VALID		PERMIT NUMBER										
FROM: _____		_____										
TO: _____												
MOVING AUTHORIZED:	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> HOLIDAY RESTRICTIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____											
SATURDAY: _____												
SUNDAY: _____												
DARKNESS: _____												
ADDRESS												
CITY/STATE/ZIP												
OFFICE PHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)											

(SHOW DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSIONS OF LOAD)
Authorization is granted for the following: Haul Drive Tow

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN 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 CITY ROADS – STATE AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE CITY ROUTE				
Loading and unloading shall occur between 7:30 am – 5:30 pm, Monday – Friday only				
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO				
CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION		APPLICANT SIGNATURE		DATE
CREDIT CARD EXP. DATE	FEE \$ 16.00	NUMBER OF TRIPS	AUTHORIZED CITY AGENT	DATE
REQUESTED ROUTE: (include address of origin and delivery site)				
				CONTACT PERSON