DATE SUBMITTED:	
DATE SUBMITTED:	



TRANSPORTATION PERMIT SINGLE TRIP APPLICATION

6360 Fountain Square Drive, Citrus Heights, California 95621 (916) 727-4770 TDD 7-1-1 www.citrusheights.net

TRANSPORTER NAME						PE	PERMIT AGENT NAME (If different than Transporter))							
TRANSPORTER ADDRESS						PERMIT AGENT ADDRESS								
TRANSPORTER CITY/STATE/ZIP						PERMIT AGENT CITY/STATE/ZIP								
PHONE	EMAIL	EMAIL					HONE		EMAIL	EMAIL				
ALL PERMITEE		AGENTS, P										ONS		
ORIGIN – Entering City at (Intersection)						DESTINATION or Point of Exit (Address/Intersection)								
ROUTE DETAILS (List fu	ll route fron	n point of entry	/ to des	tinatior	n and point	t of	əxit)							
TRANSPORT DATES REQUESTED					SPECIAL TRAVEL TIMES REQUESTED (Check all that apply) SATURDAY SUNDAY NIGHT TRAVEL									
MOVING AUTHOR	RIZED BET	WEEN SUNR	ISE & S	SUNSE	T	Н	ours of travel:							
VEHICLE LICENSE PLATE NO.						UNIT NO. / SERIAL NO. MODEL NO.								
VEHICLE TYPE KING PIN TO LAST AXLE							DMB VEHICLE TRIPS NGTH							
MODE OF TRANSPORT	☐ TOW	☐ HAUL 1	☐ DRI	VE	LOAD D	ES	CRIPTION							
		se plate nui												
LO	ADED DIN	IENSIONS OR	WEIG	HTS E	XCEEDIN	G T	HOSE SHOW	N BELOW <u>A</u>	<u>RE NOT</u>	AUTHORIZ	<u>ZED</u>			
MAX HEIGHT:	MAX WIDTH:		T	MAX OVERALL LENGTH:				MAX OVERHANG:						
AXLE NO.	1	2	;	3	4		5	6		7	8	9		
NO TIRES:														
AXLE SPACING:														
AXLE WIDTH:														
WEIGHT:														
A rou	te survey	/ is required	to be	subn	nitted wit	th p	ermit applic	ation for lo	ads ov	er 15' in l	height			
						1 CAR TYES 2 CARS (preceding/following) tions for pilot car requirements.								
	<u>P</u>	RIMARYTR SE					ON THE FOR		ROAD	<u>)S:</u>				
RESPONSIBILITY OF Due precaution must be traffic resulting from the of the approved perm	e taken to moving o	safeguard th of this equipm	nent, a	s well	as for da	ma	ge to City Ro	ads, Bridge						

For more information about transportation permits, please visit: https://www.citrusheights.net/465/Transportation-Permit