

 CITY OF MONTCLAIR
TRANSPORTATION PERMIT

TR-0015 (9/2000)

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

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (Including Area Code)

OFFICE FAX NUMBER (Including Area Code)

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: ☐ HAUL ☐ DRIVE ☐ TOW

DIMENSIONS OF LOAD:

DESCRIPTION OF HAULING EQUIPMENT:

PERMIT VALID:

FROM: _____

TO: _____

☐ Day Use ☐ Annual

MOVEMENT AUTHORIZED:

SATURDAY: NO

SUNDAY: NO

OVERNIGHT: YES

(CVC280)

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE
FOLLOWING ACCOMPANIMENTS:

☐ Permit Conditions

☐ Extension of Permit Date
12-24 Hours prior to expiration
of permit date

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VEHICLE
WIDTH:

SEMI-TRAILER
LENGTH:

KINGPIN TO
LAST AXLE:

COMB. VEHICLE
LENGTH:

AXLE NUMBER	1	2	3	4	5	6	7	8	9
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NUMBER OF TIRES PER AXLE									
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DISTANCE BETWEEN AXLES									
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WIDTH OF AXLES AT TIRE SIDEWALL									
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MAXIMUM ALLOWABLE WEIGHT									
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LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET):	DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET):
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AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY
BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR ☐ YES ☐ NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION

APPLICANT SIGNATURE

DATE

CREDIT CARD EX. DATE

FEE

NUMBER OF TRIPS

AUTHORIZED STATE AGENT

DATE

REQUESTED ROUTE :

APPLICANT CONTACT PERSON (PRINT)