



Send completed permit to:
encroachmentpermits@ci.petaluma.ca.us

CITY OF PETALUMA

ANNUAL TRANSPORTATION PERMIT

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: _____

PERMIT VALID:
FROM: _____
TO: _____
MOVEMENT AUTHORIZED:
SATURDAY: _____
SUNDAY: _____
DARKNESS: _____

PERMIT NUMBER: _____
PERMIT ACCOMPANIMENTS
 PILOT CAR REQUIREMENTS
 CALTRANS CONDITIONS
 CALTRANS PERMIT #:

OFFICE PHONE NUMBER (Including Area Code): _____
OFFICE FAX NUMBER (Including Area Code): _____

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

HAULING EQUIPMENT LICENSE # _____

DIMENSIONS OF LOAD: _____

HAULING EQUIPMENT UNIT # _____

DESCRIPTION OF HAULING EQUIPMENT: _____

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:	KINGPIN TO LAST AXLE:	COMB. VEHICLE LENGTH:						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED

PERMIT VALID FOR POSTED TRUCK ROUTES ONLY
with local access for pickup/delivery according to Section 35703 of the CVC

TRAVEL IS PERMITTED ON ALL DESIGNATED TRUCK ROUTES WITHIN THE CITY OF PETALUMA. TRAVEL OFF THE DESIGNATED TRUCK ROUTES REQUIRES AN ADDITIONAL SINGLE TRIP PERMIT

PILOT CAR YES NO *****PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE**

Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.

APPLICANT BUSINESS NAME (PRINT) _____ APPLICANT ADDRESS, CITY, STATE, ZIP _____

Applicant E-mail Address: _____

APPLICANT CONTACT (PRINT) _____ APPLICANT SIGNATURE _____ DATE _____

FEE \$ **90.00** NUMBER OF TRIPS **UNLIMITED** AUTHORIZED BY POLICE DEPT: _____ AUTHORIZED BY PUBLIC WORKS: _____ DATE _____

Public Works & Utility Department, 11 English Street Petaluma, CA 94952 (707) 778-4303, Option 6 ; e-mail permits to: encroachmentpermits@ci.petaluma.ca.us

VISA/MASTERCARD NUMBER _____ CC EXP. DATE _____
NAME ON CARD _____ PHONE NUMBER ASSOCIATED W/ CARD _____