

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

CITY OF PETALUMA SINGLE TRIP TRANSPORTATION PERMIT IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN			PER FROM: TO:	F	PERMIT NUMB	BER	
THE ACCOMPANIMI	GRANTED TO:	MOVEMENT AUTHORIZED			PERMIT ACCOMPANIMENTS		
NAME:		MOVEME		PILOT CAR REQUIREMENTS			
ADDRESS:		SATURDAY:			CALTRANS CONDITIONS		
		SUNDAY:			CALTRANS PERMIT #:		
CITY/STATE/ZIP		DARKNESS:			- TIO WO T EX	IVIII #.	
OFFICE PHONE NUMBER (Incl	OFFICE FAX NUI	MBER (Including Area	Code):	1 =			
DESCRIPTION OF THE LOAD	O.: HAUL	JL DRIVE TOW				,	
DIMENSIONS OF LOAD:				*	- -		
DESCRIPTION OF HAULING EC	QUIPMENT:						
VEHICLE	lizin	IODIN TO		COMP VIEUR			
WIDTH:	SEMI-TRAILER LENGTH:	0.000	IGPIN TO ST AXLE:		COMB. VEHIC LENGTH:	LE	
AXLE NUMBER NUMBER OF TIRES	1 2	3 4	5	6	7	8	9
PER AXLE							
DISTANCE BETWEEN AXLES							
WIDTH OF AXLES AT TIRE SIDEWALL							7 7
MAXIMUM ALLOWABLE WEIGHT							
	EXCEED DIMENSIONS SHO						
LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERAL	L LENGTH: LC	DADED OVERHAN	G:	WEIGHT CLAS	S:
ORIGIN		DESTI	NATION				
		-					
REQUESTED ROUTE:			_				
PILOT CAR YES _	107/3300000	T CAR REQUIRED ON					
Pursuant to California Vehicle Department of Transportation	e Code, Section 35780, this parts operate extra-legal loads	permit does NOT exem	pt the permittee f	rom meeting the I	requirements	set forth by the	e California
APPLICANT BUSINESS NAME (PRIN			ANT ADDRESS, CITY,	STATE, ZIP			-
APPLICANT E-mail Address	:						
APPLICANT CONTACT (PRINT)	APPLIC	APPLICANT SIGNATURE			DAT	E	
727000000000000000000000000000000000000	CARCALTTICATE AND A STATE OF THE STATE OF TH	ZED BY POLICE DEPT:	AU	JTHORIZED BY PUBLIC	C WORKS:	DAT	E
\$ 16.00	ONE <s &="" departmer<="" td="" utilities=""><td>at 11 English Street</td><td>at Petaluma (</td><td>CA 04052 (70)</td><td>7) 778-430</td><td>3 option 6</td><td></td></s>	at 11 English Street	at Petaluma (CA 04052 (70)	7) 778-430	3 option 6	
Fubile vvoir	s a cuilles Departmen	it, it English Stree	t retaiuilla, C	JA 3430Z (10	1) 110-430	o, option o	
VISA/MASTERCARD NUMBER	cc	CC EXP. DATE					
NAME ON CARD	PH	PHONE NUMBER ASSOCIATED W/ CARD					