E CITY	Р	PERMIT VALID:				PERMIT NUMBER								
1110 WES	TRAFFIC/TRANSPORTATION SECTION 1110 WEST CAPITOL AVE., WEST SACRAMENTO, CA 95691													
	FROM:													
SINGLE TH					Field to be completed by City									
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:						то:				THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:				
NAME (PLEASE	MOVEMENT AUTHORIZED: PERMIT VALID FOR				PERMIT CONDITIONS PURSUANT TO CITY ORD. 88-17									
ADDRESS	UNLIMITED Yes No Saturday Sunday													
ADDICESS					FOR ROUTE RESTRICTIONS     TRUCK ROUTE MAP									
CITY/STATE/ZIP														
					Sunset - Su	Inrise								
OFFICE PHONE NUMBER (Including	Area Code)				SPECIAL CONDITIONS									
					FOR TOW TRUCKS									
DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL NO. HAUL DRIVE AN EXTRAL LEGAL LOAD AS DEFINED IN SECTION 320.5 OF THE C.V.C.														
											UFACTURED H			
							PECIAL CONDIT							
DESCRIPTION OF HAULING EQUIPMENT: KINGPIN TO LAST AXLE:						COMB. VEHICLE LENGTH:								
AXLE NUMBER	1	2	3	4	5		6				8	Т	9	
AXLE NUMBER	I	2	3	4	5		0		/		0		9	
NUMBER OF TIRES PER AXLE					<u> </u>									
AXLE SPACING												_		
AXLE WIDTH														
MAX WEIGHT														
ΝΟΤ ΤΟ	EXCEED T	HE LOAD	ED DIMEI	NSIONS BEL	OW OR	AXL	E WEI	GHT	S SHO	WN	ABOVE			
LOADED HEIGHT:	LOADED WIDTH: LOADED OVERALL LENGTH				LOADED OVERHANG:				WEIGHT CLASS:					
ORIGIN:				DESTINATION:										
SPECIAL CONDITIONS:														
AN	EXTRAL LE		AS DEF	INED IN SEC	TION 32	20.5	OF THE	E C.V	V.C.					
PILOT CAR:	EQUIRED		EQUIRED											
APPLICANT AGREES TO			AND REGI	JI ATIONS OF 1	THE CITY (	OF W	EST SAC	RAM	IENTO A	ו חא		BY CF	RTIFY	
THAT ALL HAULING UNITS	S ARE DULY F ALL HAULING	REGISTERED GEQUIPMEN	WITH THE	DEPARTMENT -PROPELLED E	OF MOTO	or ve	EHICLES	AS R	EQUIRE	D B	Y LAW AND	DOES	i	
APPLICABLE PROVISIONS APPLICANT SIGNATURE:	S OF THE CAL	IFORNIA VEI		E.			DATE:							
	Check Number NUMBER OF TRIF				e.									
FEE \$16.00	RECEIPT NUMBE	R: wn Account	Che	ck/US Mail	Check Numbe	Check Number: NUMBER OF TRIF				PS: 1				
AUTHORIZED CITY AGENT: DATE:						ļ		Т			-			

CITY OF WEST SACRAMENTO T-PERMITS:Click "SUBMIT" upon completion to request permit. Status checks or questions may be directed to transportation@cityofwestsacramento.org.