



City of El Paso de Robles

"The Pass of the Oaks"

Public Works Department

1000 Spring Street, Paso Robles, CA 93446

Phone: (805) 237-3861 Fax: (805) 237-3904

TRANSPORTATION PERMIT

FAX TO: (805) 237-3904

IN COMPLIANCE WITH YOUR REQUEST, AND SUBJECT TO TERMS, CONDITIONS, AND RESTRICTIONS BELOW, AND AS PER ANY ATTACHMENTS, PERMISSION IS GRANTED TO:

SINGLE TRIP FEE: \$16
PERMIT No.
PERMIT VALID: <i>(Please fill in the time and dates requested for your permit)</i>
FROM: DATE _____, 20__ TIME _____ [] AM [] PM
TO: DATE _____, 20__ TIME _____ [] AM [] PM
Weekend Moving Requested?: SATURDAY YES___ NO___ SUNDAY YES___ NO___

TRANSPORTER:	CONTACT PERSON:
ADDRESS:	
CITY / STATE / ZIP:	
PHONE:	FAX:
[] HAUL [] DRIVE [] TOW	LOAD OR EQUIPMENT AND MODEL NO:

VEHICLE TYPE:

KING PIN TO LAST AXLE:	COMBINED VEHICLE LENGTH:	SENDING STATION:	RECEIVING STATION:
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LOADED DIMENSIONS OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

VEHICLE:	IF NOT LEGAL, SPECIFY:
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MAX HEIGHT:	MAX WIDTH:			MAX OVERALL LENGTH:			MAX OVERHANG:	
AXLE NUMBER	1	2	3	4	5	6	7	8
NUMBER OF TIRES								
AXLE SPACING								
AXLE WIDTH								
WEIGHT								

ORIGIN:	DESTINATION:	TRIPS:
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ROUTE:

PILOT CAR
[] YES [] NONE REQUIRED

ATTACHMENTS
[] Permit Conditions
[] _____
[] _____

APPLICANT SIGNATURE

AUTHORIZED APPLICANT REPRESENTATIVE

CITY SIGNATURE

AUTHORIZED CITY REPRESENTATIVE

PAYMENT DUE within 10 days of Permit request. Make check payable to City of Paso Robles & mail to:
City of Paso Robles, ATTN: PUBLIC WORKS
1000 Spring Street, Paso Robles, CA 93446