

# TRANSPORTATION PERMIT



**City of El Paso de Robles**

"The Pass of the Oaks"

Engineering Department

1000 Spring Street, Paso Robles, CA 93446

Phone: (805) 237-3970

**EMAIL TO:**

**TransportationPermits@prcity.com**

or 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:

<b>TRANSPORTER:</b>		<b>CONTACT PERSON:</b>	
<b>ADDRESS:</b>			
<b>CITY / STATE / ZIP:</b>			
<b>PHONE:</b>		<b>FAX:</b>	
<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW	<b>LOAD OR EQUIPMENT AND MODEL NO:</b>		
<b>VEHICLE TYPE:</b>			
<b>KING PIN TO LAST AXLE:</b>		<b>COMBINED VEHICLE LENGTH:</b>	
<b>SENDING STATION:</b>		<b>RECEIVING STATION:</b>	
<b>LOADED DIMENSIONS OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED</b>			
<b>VEHICLE:</b>		<b>IF NOT LEGAL, SPECIFY:</b>	
<b>MAX HEIGHT:</b>		<b>MAX WIDTH:</b>	
<b>MAX OVERALL LENGTH:</b>		<b>MAX OVERHANG:</b>	
<b>AXLE NUMBER</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>NUMBER OF TIRES</b>			
<b>AXLE SPACING</b>			
<b>AXLE WIDTH</b>			
<b>WEIGHT</b>			
<b>ORIGIN:</b>		<b>DESTINATION:</b>	
<b>TRIPS:</b>			
<b>ROUTE:</b>			
<b>PILOT CAR</b> <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED  <b>ATTACHMENTS</b> <input type="checkbox"/> Permit Conditions <input type="checkbox"/> _____ <input type="checkbox"/> _____		<b>APPLICANT SIGNATURE</b>  _____ AUTHORIZED APPLICANT REPRESENTATIVE  <b>CITY SIGNATURE</b>  _____ 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: Community Development Department  
 1000 Spring Street, Paso Robles, CA 93446