

**City of Gilroy, Engineering Division**

7351 Rosanna Street

Gilroy, CA 95020

Phone (408) 846-0450; fax (408) 846-0429

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

**PERMIT VALID:**  
FROM:  
TO:  
**MOVING AUTHORIZED:**  
SATURDAY:  
SUNDAY:  
DARKNESS (CVC 280):

**PERMIT NUMBER:**  
**CITY OF GILROY**  

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THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:  
 Permit Conditions  
 Holiday Restrictions  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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**NAME:**  
ADDRESS:  
CITY/STATE/ZIP  
PHONE NUMBER FAX NUMBER

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSIONS OF LOAD)  
Authorization is granted for the following:  Haul  Drive  Tow

DESCRIPTION OF HAULING EQUIPMENT:

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

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

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

ORIGIN: DESTINATION:

**AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE \* IS SHOWN IN THE STATE**

PILOT CAR  Yes  No

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION APPLICANT SIGNATURE DATE

CREDIT CARD EXP. DATE. FEE \$ NUMBER OF TRIPS AUTHORIZED CITY AGENT DATE

REQUESTED ROUTE (include address of origin and delivery site)

CONTACT PERSON