

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

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
 Permit Conditions
 Holiday Restrictions

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