

## TRANSPORTATION PERMIT

**CITY OF VACAVILLE**

650 MERCHANT STREET, VACAVILLE, CA 95688  
 TELEPHONE (707) 449-5170 FAX (707) 449-5346  
 E-MAIL: [EXTRALEGALPERMITS@CITYOFVACAVILLE.COM](mailto:EXTRALEGALPERMITS@CITYOFVACAVILLE.COM)  
 IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS,  
 CONDITIONS AND RESTRICTIONS WRITTEN AND THE ATTACHMENTS,  
 PERMISSION IS HEREBY GRANTED TO:

<p style="text-align: center;"><b>PERMIT VALID:</b></p> <p>DATE: _____</p> <p>TIME: 9:00 AM - 12:00 PM                  1:00 PM - 4:00 PM                  6:00 PM - DUSK</p> <p style="text-align: center;"><b>MOVING AUTHORIZED:</b></p> <p>SATURDAY: <b>NO</b></p> <p>SUNDAY: <b>NO</b></p> <p>DARKNESS: <b>NO</b></p>	<p style="text-align: center;"><b>PERMIT NUMBER:</b></p> <p>_____</p> <p>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:</p> <p><input type="checkbox"/> PERMIT CONDITIONS</p> <p><input type="checkbox"/> HOLIDAY RESTRICTIONS</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OFFICE PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_ FAX NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

(SHOW A DESCRIPTION OF THE LOAD AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)  
 AUTHORIZATION IS GRANTED FOR THE FOLLOWING:

HAUL     DRIVE     TOW

DESCRIPTION OF HAULING EQUIPMENT:

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

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

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

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY

**PILOT CAR:**

CHECK FOR DRAWN-DOWN ACCOUNT OR CHECK PER PERMIT	APPLICANT SIGNATURE	DATE
FEE	AUTHORIZED CITY AGENT	DATE

REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DELIVERY SITE)

CONTACT PERSON