

TRANSPORTATION PERMIT

Stanislaus County Department of Public Works
Development Services Division
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Phone:(209) 525-7594 Fax:(209) 525-6507

Visit us online: www.stancounty.com/publicworks

Permit No:
PLEASE CHECK PERMIT TYPE:

Annual Permit

Daily Permit

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 BETWEEN		
								From:		
TRANSPORTER NAME								To:		
ADDRESS										
	CITY/STATE/ZIP							MOVING AUTHORIZ SATUR		
PHONE			FA	X:					NDAY	
EMAIL								SUNSET TO SUN	IRISE	
HAUL LOAI	D OR EQUIPMENT AND MODEL NO.									
DRIVE										
Tow										
TYPE VEHICLE								AUTHORIZED AGEN	ICY REPRESENTATIVE	
KING PIN TO LAST AXLE COMB. VEHICLE										
				ENGTH						
LOADED DI	MENSIONS	DIFFERE	NT THAN OR	WEIGHTS E	XCEEDING -	THOSE SHOW	N BELO	W ARE NOT AU	THORIZED	
MAX HEIGHT:		MAX WIDTI	u.		MAX OVERA	ALL		MAX OVERHANG:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
NUMBER TIRES										
AXLE SPACING AXLE WIDTH										
WEIGHT										
				1						
ORIGIN:				DESTINATION:				TRIPS:		
	-	-						OR STRUCTU		
								AND TRANSP PPLICATION		
AND/OR POST	•				-			URANCE. NOT	•	
UNTIL ORIGI	NAL IS S	IGNED A	ND RETURN	IED.						
OTHER AGE	NCY PERMITS	S REQUIRE	D							
PILOT CAR YES NONE REQUIRED								ATTACHMENTS		
								PERMIT CONDITIONS		
								-		
									!	
CASH	TOTAL PE	RMIT FEE:								
CASH CHECK								<u> </u>		
=	TOTAL PE Check No: Paid By:					AUTHORIZED AGENT	r Signatuf		DATE sion Update: 10-2015	