

Transportation Permit

TR-0015 (9/2000)

CITY OF FOUNTAIN VALLEY

PUBLIC WORKS DEPARTMENT



In compliance with your request and subject to all the terms, conditions and restrictions written below and in the accompaniments permission is hereby granted to:

Submit your application to this email address: PW.permits@fountainvalley.gov

Company Name:		Permit Valid:		Permit Number:					
Name:		From:							
Address:		To:							
City/State/Zip:		Movement Authorized:							
Email Address:		Saturday: Yes:		Single Trip (\$16.00):					
Office Phone Number:		Sunday: Yes:							
Cell Phone Number:		Darkness: Yes:		Annual (\$90.00):					
		(CVC280)							
Description of Load or Equipment and Model No:		This Permit is not Valid without the following accompaniments:							
		Permit Conditions: Yes: No:							
Haul: Drive: Tow:		Pilot Car Special Conditions: Yes: No:							
Dimensions of Load:		Number of Trips:							
		Fee:							
Description of Hauling Equipment:		Holiday Restrictions: Yes: No:							
		Moves restricted between: ■							
License Plate Number:		Monday - Friday 7am-9am & 4pm-6pm							
Vehicle Width:		Semi-Trailer Length:		Kingpin to Last Axle:		Comb. Vehicle Length:			
Axle Number	1	2	3	4	5	6	7	8	9
Number of Tires per Axle									
Distance Between Axles									
Width of Axles at Tire Sidewall									
Maximum Allowable Weight									
Loaded Height:	Loaded Width:	Loaded Overall Length:			Loaded Overhang:		Weight Class:		
Origin (Include City/Town and on Ramp/Cross Street):					Destination (include City/Town and Exit Ramp/Cross Street):				
Requested/Approved Route:									
One pilot car required for 12' and over loaded width; and two pilot cars for 14' and over. Pilot car also required for loads 120' and longer, 17' high, or if overhang is 25' and over.									
Pilot Cars: Yes: No: One Car: Two Cars:				Liability Insurance Expiration Date:					
Applicant Signature:				Authorized Agency Signature:				Date:	

10200 Slater Ave. | Fountain Valley, CA 92708 | (714) - 593- 4433

Original:

Traffic Engineering

Copies To:

Applicant Police Department