



Send completed permit to:
encroachmentpermits@ci.petaluma.ca.us

CITY OF PETALUMA

ANNUAL TRANSPORTATION PERMIT

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:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER (Including Area Code): _____

OFFICE FAX NUMBER (Including Area Code): _____

PERMIT VALID:

FROM: _____

TO: _____

MOVEMENT AUTHORIZED:

SATURDAY: _____

SUNDAY: _____

DARKNESS: _____

PERMIT NUMBER: _____

PERMIT ACCOMPANIMENTS

PILOT CAR REQUIREMENTS

CALTRANS CONDITIONS

CALTRANS PERMIT #:

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: _____

HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____

HAULING EQUIPMENT LICENSE # _____

HAULING EQUIPMENT UNIT # _____

DESCRIPTION OF HAULING EQUIPMENT: _____

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	_____								

NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

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

ORIGIN: _____ DESTINATION: _____

AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED

PERMIT VALID FOR POSTED TRUCK ROUTES ONLY with local access for pickup/delivery according to Section 35703 of the CVC

TRAVEL IS PERMITTED ON ALL DESIGNATED TRUCK ROUTES WITHIN THE CITY OF PETALUMA. TRAVEL OFF THE DESIGNATED TRUCK ROUTES REQUIRES AN ADDITIONAL SINGLE TRIP PERMIT

PILOT CAR YES NO ***PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE

Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.

APPLICANT BUSINESS NAME (PRINT) _____ APPLICANT ADDRESS, CITY, STATE, ZIP _____

Applicant E-mail Address: _____

APPLICANT CONTACT (PRINT) _____ APPLICANT SIGNATURE _____ DATE _____

FEE \$ **90.00** NUMBER OF TRIPS **UNLIMITED** AUTHORIZED BY POLICE DEPT: _____ AUTHORIZED BY PUBLIC WORKS: _____ DATE _____

Public Works & Utility Department, 11 English Street Petaluma, CA 94952 (707) 778-4303, Option 6 ; e-mail permits to: encroachmentpermits@ci.petaluma.ca.us

VISA/MASTERCARD NUMBER	CC EXP. DATE
NAME ON CARD	PHONE NUMBER ASSOCIATED W/ CARD