



CITY OF LAFAYETTE

Transportation Permit

APPLICATION DATE: _____

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME
ADDRESS
CITY/STATE/ZIP
OFFICE PHONE NUMBER (Include Area Code)
FAX NUMBER (Include Area Code)

PERMIT VALID: FROM: TO: MOVING AUTHORIZED: SATURDAY: <input type="checkbox"/> SUNDAY: <input type="checkbox"/> DARKNESS (CVC 280): <input type="checkbox"/>	PERMIT NUMBER <hr/> THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input checked="" type="checkbox"/> Permit Conditions <input type="checkbox"/> Holiday Restrictions <input type="checkbox"/> <input type="checkbox"/>
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(PROVIDE 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:						COMB. VEHICLE LENGTH:		
AXLE NUMBER	1		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 ABOVE ARE NOT AUTHORIZED

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

AUTHORIZED STREETS
PILOT CAR <input type="checkbox"/> Yes <input type="checkbox"/> No

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NUMBER OF TRIPS
AUTHORIZED CITY REPRESENTATIVE		DATE

OTHER:

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

	CONTACT PERSON (PRINT)
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