

CITY OF ANTIOCH TRANSPORTATION 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:

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (INCLUDE AREA CODE)

EMAIL ADDRESS

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following:

☐

Haul

☐

Drive

☐

Tow

PERMIT VALID:

FROM:

TO:

MOVING AUTHORIZED:

SATURDAY:

SUNDAY:

DARKNESS (CVC280):

PERMIT NUMBER:

THIS PERMIT IS NOT VALID WITHOUT
THE FOLLOWING ATTACHMENTS:

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PERMIT CONDITIONS

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DESCRIPTION OF HAULING EQUIPMENT

				VEHICLE WIDTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:	
AXLE NUMBER	1	2	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 BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

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

DESTINATION:

AUTHORIZED CITY ROUTES.

PILOT CAR ☐ Yes ☐ No

APPLICANT SIGNATURE

DATE

FEE

NUMBER OF TRIPS

CITY AGENT

DATE

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

CONTACT PERSON