

# TRANSPORTATION PERMIT - ANNUAL BLANKET

## CITY OF SACRAMENTO

**DEPARTMENT OF PUBLIC WORKS**

915 I STREET, 2ND FLOOR

SACRAMENTO, CA 95814

PHONE (916) 808-8300 FAX (916) 448-8450



|                |          |                      |  |                     |  |
|----------------|----------|----------------------|--|---------------------|--|
| AUTHORIZED     |          | PERMIT VALID BETWEEN |  | PERMIT #            |  |
| FOR            | YES   NO | SUNRISE              |  | FEE \$ 70.00        |  |
| SATURDAY       |          | SUNSET               |  | CITY REPRESENTATIVE |  |
| SUNDAY         |          | SEE NOTE BELOW FOR   |  |                     |  |
| SUNRISE-SUNSET |          | TIME RESTRICTIONS    |  |                     |  |

|   |               |         |
|---|---------------|---------|
| IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS GRANTED TO: | COMPANY NAME: |         |
|   | ADDRESS:      |         |
|   | CITY, STATE   |         |
|   | PHONE ( )     | FAX ( ) |

|               |                                |
|---------------|--------------------------------|
| HAUL ___      | LOAD OR EQUIPMENT AND MODEL #: |
| DRIVE ___     |                                |
| TOW ___       |                                |
| TYPE VEHICLE: |                                |

|                        |                                       |
|------------------------|---------------------------------------|
| KING PIN TO LAST AXLE: | FAXED PERMITS NOT VALID WITHOUT STAMP |
| COMB. VEHICLE LENGTH:  |                                       |

**LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED**

|                         |     |            |   |              |                     |   |                                      |                  |   |  |
|-------------------------|-----|------------|---|--------------|---------------------|---|--------------------------------------|------------------|---|--|
| MAX HEIGHT:             |     | MAX WIDTH: |   |              | MAX OVERALL LENGTH: |   |                                      | MAX OVERHANG:    |   |  |
| AXLE NUMBER:            | 1   | 2          | 3 | 4            | 5                   | 6 | 7                                    | 8                | 9 |  |
| NUMBER OF TIRES:        |     |            |   |              |                     |   |                                      |                  |   |  |
| AXLE SPACING:           |     |            |   |              |                     |   |                                      |                  |   |  |
| AXLE WIDTH:             |     |            |   |              |                     |   |                                      |                  |   |  |
| WEIGHT:                 |     |            |   |              |                     |   |                                      |                  |   |  |
| ORIGIN:                 | N/A |            |   | DESTINATION: | N/A                 |   |                                      | TRIPS: UNLIMITED |   |  |
| AUTHORIZED CITY STREETS |     |            |   |              |                     |   | COUNTY AND/OR STATE PERMITS REQUIRED |                  |   |  |

**NOTE: NO MOVEMENT 7:00 TO 9:00 A.M. OR FROM 4:00 TO 6:00 P.M. WEEEEKDAYS!!**

**THIS PERMIT DOES NOT GRANT PERMISSION TO STAND OR PARK IN PUBLIC RIGHT OF WAY!!**

|  |     |  |               |  |                   |
|--|-----|--|---------------|--|-------------------|
| PILOT CAR  | YES |  | NONE REQUIRED |  | ATTACHMENTS       |
| I CERTIFY THAT ALL ZONING PERMITS HAVE BEEN OBTAINED |     |  |               |  | PERMIT CONDITIONS |
| IF THIS PERMIT IS FOR TOWING A MOBILE HOME           |     |  |               |  |                   |

AUTHORIZED AGENT SIGNATURE
DATE
Aug-12

PERMIT NO.: