

**SUTTER COUNTY**  
**DEVELOPMENT SERVICES DEPARTMENT**  
**TRANSPORTATION PERMIT**

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

NAME  ADDRESS  CITY/STATE/ZIP		<input type="checkbox"/> SINGLE TRIP <input type="checkbox"/> ANNUAL PERMIT <input type="checkbox"/> REPETITIVE PERMIT VALID: FROM: TO: <b>MOVING AUTHORIZED</b> SATURDAY: SUNDAY: DARKNESS (CVC 280):	PERMIT NUMBER  <b>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:</b> <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Pilot Car Requirements <input type="checkbox"/> Bridge List <input type="checkbox"/> City Limit Maps <input type="checkbox"/> CHP Contract (If Required)
OFFICE PHONE NUMBER: (Include Area Code)		FAX NUMBER: (Include Area Code)	EMAIL ADDRESS:

(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:			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 WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:		DESTINATION:		
AUTHORIZED ROUTES – CITY AND/OR STATE PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN IN THE COUNTY ROUTE				

PILOT CAR:     YES     NO

CASH, CHARGE, OR EXEMPT INFORMATION		APPLICANT SIGNATURE:		DATE:
CHK #	Fee \$	NUMBER OF TRIPS	AUTHORIZED AGENT:	DATE:

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

PERMIT COMPANY:	CONTACT PERSON (PRINT):
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OFFICIAL USE ONLY:     NEW PERMIT     RENEW PERMIT (PREVIOUS ANNUAL PERMIT # \_\_\_\_\_, YEARS : \_\_\_\_\_/\_\_\_\_\_)