

Calaveras County Department of Public Works
 891 Mountain Ranch Road
 San Andreas, CA 95249-9709
 209-754-6402 • Fax 209-754-6664



Permit number	-T-
Valid from	to

Transportation Permit - Single Trip

In compliance with your request and subject to all of the terms, conditions and restrictions written below and the printed regulations printed on the reverse or attached, authorization is given to:

PERMITTEE	
NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
PHONE ()	FAX ()
CONTACT PERSON	_____
SIGNATURE	_____
	Authorized representative

PERMIT SERVICE/CONTACT	
NAME	_____
PHONE ()	FAX ()
SIGNATURE	_____

FEE _____ RECEIPT NO. _____

INSURANCE

Fee subject to change per County ordinance

ROUTE _____

AUTHORIZATION IS GIVEN TO: HAUL DRIVE TOW

DESCRIPTION OF LOAD OR EQUIPMENT _____

DESCRIPTION OF HAULING EQUIPMENT _____

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NO. OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES	/								/
WIDTH OF AXLE									
WEIGHT									

NOT TO EXCEED THE DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

MAXIMUM HEIGHT	MAXIMUM WIDTH	MAXIMUM OVERALL LENGTH	MAXIMUM OVERHANG

COMMENTS _____

PILOT CARS 1 2 3 Non-destructive feeler (over 14')

AUTHORIZED COUNTY AGENT SIGNATURE _____

DATE _____