



City of El Paso de Robles

"The Pass of the Oaks"

Public Works Department

1000 Spring Street, Paso Robles, CA 93446

Phone: (805) 237-3861 Fax: (805) 237-3904

TRANSPORTATION PERMIT

FAX TO: (805) 237-3904

IN COMPLIANCE WITH YOUR REQUEST, AND SUBJECT TO TERMS, CONDITIONS, AND RESTRICTIONS BELOW, AND AS PER ANY ATTACHMENTS, PERMISSION IS GRANTED TO:

SINGLE TRIP FEE: \$16
PERMIT No.
PERMIT VALID: <i>(Please fill in the time and dates requested for your permit)</i>
FROM: DATE _____, 20____ TIME _____ [] AM [] PM
TO: DATE _____, 20____ TIME _____ [] AM [] PM
Weekend Moving Requested?: SATURDAY YES ___ NO ___ SUNDAY YES ___ NO ___

TRANSPORTER:		CONTACT PERSON:	
ADDRESS:			
CITY / STATE / ZIP:			
PHONE:		FAX:	
<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW	LOAD OR EQUIPMENT AND MODEL NO:		

VEHICLE TYPE:

KING PIN TO LAST AXLE:	COMBINED VEHICLE LENGTH:	SENDING STATION:	RECEIVING STATION:
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LOADED DIMENSIONS OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

VEHICLE:	IF NOT LEGAL, SPECIFY:
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MAX HEIGHT:	MAX WIDTH:			MAX OVERALL LENGTH:			MAX OVERHANG:	
AXLE NUMBER	1	2	3	4	5	6	7	8
NUMBER OF TIRES								
AXLE SPACING								
AXLE WIDTH								
WEIGHT								

ORIGIN:	DESTINATION:	TRIPS:
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ROUTE:

PILOT CAR
 YES NONE REQUIRED

ATTACHMENTS
 Permit Conditions

APPLICANT SIGNATURE

AUTHORIZED APPLICANT REPRESENTATIVE

CITY SIGNATURE

AUTHORIZED CITY REPRESENTATIVE

PAYMENT DUE within 10 days of Permit request. Make check payable to City of Paso Robles & mail to:
 City of Paso Robles, ATTN: PUBLIC WORKS
 1000 Spring Street, Paso Robles, CA 93446