



CITY OF CHULA VISTA
 276 FOURTH AVENUE
 CHULA VISTA, CA 91910

TRANSPORTATION PERMIT

PERMIT/REC _____

Name		Permit Valid Between _____ AM ___/___/___ _____ PM And Sunset ___/___/___ Moving Authorized Yes No Saturday ___ ___ Sunday ___ ___ Sunset to Sunrise ___ ___	_____ Authorized Agency Representative
Address			
City/State			
Phone	MCD No.		

Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow <input type="checkbox"/>	Load or Equipment and Model No _____ _____ _____	Telecopied Permits Not Valid Without Seal
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Type Vehicle	Sending Station	Receiving Station
King Pin to Last Axle _____	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 Tires									
Axle Spacing									
Axle Width									
Weight									
Origin	Destination						Trips		

Authorizes Streets/Roads/Highways _____ _____ _____ _____	*Other Agency Permits Required _____ _____ _____
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Pilot Car <input type="checkbox"/> Yes <input type="checkbox"/> None Required	Attachments <input type="checkbox"/> Permit Conditions <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Cash <input type="checkbox"/> Charge Fee <input type="checkbox"/> Exempt \$	_____ Permittee's Authorized Agent Signature ___/___/___ Date