



COUNTY OF SANTA CRUZ
 DEPARTMENT OF PUBLIC WORKS
 GOVERNMENTAL CENTER
 701 OCEAN STREET
 SANTA CRUZ, CALIFORNIA 95060
 (831) 454-2160 FAX (831) 454-2385
 TDD (831) 454-2123
 Transportation@santacruzcounty.us

PERMIT VALID:
 FROM: [REDACTED]
 TO: [REDACTED]
MOVING AUTHORIZED:
 SATURDAY: [REDACTED]
 SUNDAY: [REDACTED]
 DARKNESS (CVC 280) **No** [REDACTED]

PERMIT NUMBER

ATTACHMENTS:

Permit Conditions

Bridge List

Moving Permit Number

TRANSPORTATION PERMIT

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

NAME [REDACTED] **OFFICE PHONE NUMBER** [REDACTED]

ADDRESS [REDACTED] **FAX NUMBER** [REDACTED]

CITY/STATE/ZIP [REDACTED]

(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)
 Authorization is granted for the following: HAUL DRIVE TOW

[REDACTED]

VEHICLE WIDTH: [REDACTED] **SEMI-TRAILER LENGTH:** [REDACTED] **KINGPIN TO LAST AXLE:** [REDACTED] **COMB. VEHICLE LENGTH:** [REDACTED]

AXLE NUMBER	1	2	3	4	5	6	7	8	9
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NUMBER OF TIRES PER AXLE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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DISTANCE BETWEEN AXLES	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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WIDTH OF AXLES AT TIRE SIDEWALL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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MAXIMUM ALLOWABLE WEIGHT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHTCLASS:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ORIGIN: [REDACTED] **DESTINATION:** [REDACTED]

AUTHORIZED COUNTY ROADS –
 CITY AND/OR STATE PERMITS MAY BE REQUIRED [REDACTED]

THE COUNTY REQUIRES AT LEAST 48 HOURS NOTICE, AFTER ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED, TO ISSUE A TRANSPORTATION PERMIT. THE PERMITEE WILL BE CONTACTED WHEN THE PERMIT IS READY.

PILOT CAR Yes No AS REQUIRED BY PERMIT CONDITIONS

NUMBER OF TRIPS [REDACTED] FEE \$ [REDACTED]

CASH CHECK RECEIPT # [REDACTED]

APPROVED: MATT MACHADO, P.E., L.S. DIRECTOR OF PUBLIC WORKS

BY [REDACTED] DATE [REDACTED]

PERMITEES AUTHORIZED AGENT (SIGNATURE) [REDACTED] DATE [REDACTED]