CITY OF WEST SACRAMENTO TRAFFIC/TRANSPORTATION SECTION 1110 WEST CAPITOL AVE., WEST SACRAMENTO, CA 95691 (916) 617-4850 FAX: (916) 617-5330					PE FROM:		PERMIT NUMBER					
ANNUAL TRANSPORTATION PERMIT								F	ield to be completed b	y City		
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:						то:			THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:			
NAME (PLEASE PRINT LEGIBLY OR TYPE)						MOVEMENT AUTHORIZED: PERMIT VALID FOR:			PERMIT CONDITIONS PURSUANT TO CITY ORD. 88-17			
ADDRESS						UNLIMITED Yes No			SPECIAL CONDITIONS FOR ROUTE RESTRICTIONS			
CITY/STATE/ZIP							×	-	TRUCK ROUTE M	AP		
						rise 🗙 🗌	\boxtimes		PILOT CAR CRITE			
OFFICE PHONE NUMBER (Including Area Code) OFFICE FAX NUMBER (Including					Code)				PECIAL CONDITIO			
DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL NO. HAUL						TOW		SPE	CIAL CONDITION	S FOR		
LICENSE:								PECIAL CONDITIO				
DESCRIPTION OF HAULING EQUIF	KLE:	COMB. VEHI	CLE LENGTH:									
AXLE NUMBER	1	2	3	4	5	6	7		8	9		
NUMBER OF TIRES PER AXLE				<u> </u>					I			
AXLE SPACING												
AXLE WIDTH												
NOT TO EXCEED THE LOADED DIMENSIONS BELOW OR AXLE WEIGHTS SHOWN ABOVE												
NOT T			WEIGHT									
	LOADED WIDTH: LOADED OVERALL LENGTH: LC											
ORIGIN: DESTINATION: TO AND FROM ALL POINTS ON CITY APPROVED TRUCK ROUTES TO AND FROM AL								PROV	ED TRUCK F	ROUTES		
SPECIAL CONDITIONS:							UTT A					
 * THIS IS AN ANNUAL PERMIT AND IS NOT VALID IF COPIED OR FAXED * NOTIFY THE CITY OF WEST SACRAMENTO, TRAFFIC/TRANSPORTATION SECTION @ (916) 617-4850 TWENTY-FOUR HOURS IN ADVANCE WHEN MOVING LOADS OVER 15'-0" HIGH, 12'-0" WIDE, OR 95'-0" OVERALL LENGTH FOR ROUTE VERIFICATION/APPROVAL. SEE PILOT CAR CRITERIA THIS IS NOT A BLANKET PERMIT. ALL ROUTES FOR OVERSIZED LOADS MUST BE VERIFIED BY THE CITY OF WEST SACRAMENTO'S TRAFFIC/TRANSPORTATION SECTION WHEN MOVING LOADS. 												
PILOT CAR:] NOT RE	QUIRED									
APPLICANT AGREES TO (THAT ALL HAULING UNITS CERTIFY THAT ALL HAUL PROVISIONS OF THE CAL APPLICANT SIGNATURE:	S ARE DULY RE	GISTERED T OR SELF-	WITH THE DEPA	ARTMENT OF	MOTOR V	EHICLES AS RI	EQUIRED	BY L	AW AND DOE	ES FURTHER		
PERMIT COMPANY:												
FEE \$90.00	FEE \$90.00 Drawdown Account Check/US Mail					Number: NUMBER OF TRIPS: UNLIMITED						
AUTHORIZED CITY AGENT:				DATE:								
-				-			•	Note:	Upon approval, a hard	l copy Annual will be		

CITY OF WEST SACRAMENTO T-PERMITS:Click "SUBMIT" upon completion to request permit. Status checks or questions may be directed to transportation@cityofwestsacramento.org.