CITY OF SCOTTS VALLEY PUBLIC WORKS DEPARTMENT
701 LUNDY LANE
SCOTTS VALLEY, CA 95066
Phone: 831.438.5854
Fax: 831.439-9748
e-mail: tmcgrath@scottsvalley.org

TRANSPORTATION PERMIT NO.

In compliance with your request and pursuant to State of California Streets and Highway Code, and subject to City Ordinance Nos. 56 & 60, as amended, and to all the terms, conditions and restrictions written below or printed as GENERAL or SPECIAL provisions on any part of this form, and/or attached hereto, PERMISSION IS HEREBY GRANTED TO:

Transporter:	Permit Valid From: 8:00 AM to Sunset From: To:
Address: Telephone: Fax: E-Mail	Moving Authorized: Holiday No Saturday No Sunday No Sunset to Sunrise No
Acceptance of this permit shall constitute an agreement with all the conditions and requirements of this herein. _____ Signature of Authorized Agent Date	Date: Fee: Receipt No.

Load or equipment and model no.

Description of hauling equipment:

Number of trips: Pilot car: **yes** ☐ **if required by Caltrans/** **no** ☐ if not required by Caltrans

Requested route from: to via

Return trip: yes ☐ no ☐

Requested route:

Loaded dimensions shall not exceed dimensions shown below:

Wt. class		Axle Number									
Width		Axle Load									
Length		Number of tires									
Height		Axle Spacing									
Overhang		Axle Width									

Approved:_____
Chris Lamm
Public Works Director/City Engineer

Police Department Notified