



**City of Orinda, Public Works Department
22 Orinda Way
Orinda, CA 94563**

Phone: (925) 766-5757

Fax: (925) 253-7699

Transportation Permit No.: 22 - _____

In compliance with your request and subject to all of the terms, conditions and restrictions written below and the attachments, permission is hereby granted to:

TRANSPORTER		PERMIT VALID BETWEEN		Moving Authorized:							
ADDRESS		____/____/22		Yes No							
CITY/STATE		____ am/pm and		SATURDAY							
PHONE		____/____/22		SUNDAY							
HCD NO.		____ am/pm		SUNSET TO							
<input type="checkbox"/> HAUL LOAD OR EQUIPMENT AND MODEL NO. <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		Date: ____/____/____		<table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
TYPE VEHICLE		Public Works Inspector									
KING PIN TO LAST AXLE	COMB. VEHICLE LENGTH	SENDING STATION	RECEIVING STATION								
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED											
MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:								
AXEL NUMBER	1	2	3	4	5	6	7	8	9	10	11
NUMBER TIRES											
AXLE SPACING											
AXLE WIDTH											
WEIGHT											
ORIGIN	DESTINATION				TRIPS						
AUTHORIZED ROADS/STREETS/HIGHWAYS *OTHER AGENCY PERMITS REQUIRED											
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED			ATTACHMENTS/PERMIT CONDITIONS								
			<input checked="" type="checkbox"/> <u>Per CalTrans Permit</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____								
<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> EXEMPT		FEE: \$16 Please fax photocopy of check with permit application and mail to address noted above.		NOTES:							

TERMS AND CONDITIONS OF THE PERMIT ACCEPTED BY PERMITEE'S AUTHORIZED AGENT:

SIGNATURE: _____

DATE: ____/____/22