COUNTY OF COLUSA
DEPARTMENT OF PUBLIC WORKS
1215 MARKET STREET
COLUSA, CA 95932
PHONE: (530) 458-0466 FAX: (530) 458-2035

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

PERMIT VALID:
FROM: _____
TO: _____

PERMIT NUMBER
_____

MOVEMENT AUTHORIZED:
☐ SATURDAY
☐ SUNDAY
☐ NO NIGHT TRAVEL

THIS PERMIT NOT VALID IS WITHOUT THE FOLLOWING ACCOMPANIMENTS:
☒ Permit Conditions
☒ See Attachment "A"
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER *(Including Area Code)*

OFFICE FAX NUMBER *(Including Area Code)*

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. ☐ **HAUL** ☐ **DRIVE** ☐ **TOW**

DIMENSIONS OF LOAD

DESCRIPTION OF HAULING EQUIPMENT:

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

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:

ORIGIN:

DESTINATION:

AUTHORIZED COUNTY ROADS/STREETS - STATE AND/OR CITY PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN.

PILOT CAR ☐ YES ☐ NO

PAYMENT ☐ CHARGE ☐ CASH ☐ CHECK

APPLICANT SIGNATURE

DATE

FEE ☐ **$15.00** ☐ **$85.00** ☐ _____

NUMBER OF TRIPS

AUTHORIZED COUNTY AGENT

DATE

REQUESTED ROUTE: *(Include Address of Origin and Delivery Site)*

CONTACT PERSON *(PRINT)*

REVISED 07/28/2006