

**CITY OF BELMONT
TRANSPORTATION PERMIT**



City of Belmont
Department of Public Works
One Twin Pines Lane, Suite 385
Belmont, CA 94002
P 650-595-7425 F 650-593-8394

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 _____ Address _____ City _____ State _____ Zip _____	Arrival Date (mm/dd/yy) _____ Approx arrival in town <input type="checkbox"/> am <input type="checkbox"/> pm	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="2">MOVING AUTHORIZED</td> </tr> <tr> <td align="center" colspan="2">Y N</td> </tr> <tr> <td>Saturday</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Sunday</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Darkness</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Holiday</td> <td align="center"><input type="checkbox"/></td> </tr> </table>	MOVING AUTHORIZED		Y N		Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Darkness	<input type="checkbox"/>	Holiday	<input type="checkbox"/>
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Y N														
Saturday	<input type="checkbox"/>													
Sunday	<input type="checkbox"/>													
Darkness	<input type="checkbox"/>													
Holiday	<input type="checkbox"/>													
Contact Person _____ Phone No. _____														

Load or Equipment and Model No.

Show a description of the load or equipment and model No. -
include dimensions of load () HAUL () DRIVE () TOW

Description of hauling equipment

Kingpin to Last Axle: _____ **Commercial Vehicle Length:** _____

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:
AXLE NUMBER	1 2 3	4 5 6	7 8 9
NUMBER TIRES			
AXLE SPACING			
AXLE WIDTH			

Requested route (include destination address)

PILOT CAR () Yes () None required () Permit Conditions (attached)

I CERTIFY THAT ALL COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED IF THIS PERMIT IS FOR TOWING A MOBILEHOME.

AUTHORIZED PERMITEE SIGNATURE DATE

***** For City Use Only *****

Transportation Permit Fee \$ _____ Payment Type: () Credit Card CC # _____ Exp. _____
 () Check Check # _____

Insurance Attached

Received By _____ Date _____

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