

## The City of Union City, California

### TRANSPORTATION PERMIT

TR-0168 (REV.09/94) CT# 7541-5561-8

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OFFICE PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

(SHOW A DISCRPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS'S OF LOAD)

Authorization is granted for the following:  Haul  Drive  Tow

PERMIT VALID:  FROM:  TO:  <b>MOVING AUTHORIZED:</b>  SATURDAY:  SUNDAY:  DARKNESS (CVC 280):	PERMIT NUMBER  <hr/> THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:  <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Holiday Restrictions  <input type="checkbox"/> <u>Monday to Friday</u>  <input type="checkbox"/> <u>Time Restrictions</u>  <input type="checkbox"/> <u>7 a.m. to 9 a.m.</u>  <input type="checkbox"/> <u>3 p.m. to 5 p.m.</u>
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DESCRIPTION OF HAULING EQUIPMENT:

AXLE	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN TIRE SIDEWALK									
WIDTH OF AXLES AT TIRE SIDEWALK									
MAXIMUM ALLOWABLE WEIGHT									

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NO AUTHORIZED**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:		DESTINATION:		
AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE STATE ROUTE.				
PILOT CAR <input type="checkbox"/> Yes <input type="checkbox"/> No Pilot car required for loads 12 feet or over wide				
Loads over 14 feet high must have slider boards and height sticks				
<b>- Applicant shall maintain:</b> Certificate of liability insurance (Accord Form) and Endorsement sheet indicating City of Union City as additional insured. <b>- Applicant shall indemnify, defend and save harmless</b> the City of Union City, its officers and employees from all claims arising out of or resulting from work of applicant				
		APPLICANT SIGNATURE:		DATE:
	FEE \$	NUMBER OF TRIPS	AUTHORIZED:	DATE:
CONTACT PERSON:			PHONE NUMBER:	