



TRANSPORTATION PERMIT

APPLICANT CONTACT INFORMATION

Date: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

TRUCK INFORMATION

Daily Trip Permit (\$16) Annual Permit (\$90)

Night Travel: YES NO

Date(s) of Travel: _____

Time Frame: _____

(Within a 4 hour window – Avoid Commute Times)

Description of the Load or Equipment & Model No.: Haul Drive Tow

Request Route: _____

Description of Hauling Equipment: _____

Dimensions of Load: _____

Semi-Trailer Length: _____

Vehicle Width: _____

Kingpin to Last Axle: _____ Comb Vehicle Length: _____

Axle Number (1-13): 1 2 3 4 5 6 7 8 9 10 11 12 13

Tires per Axle: _____

Distance between Axles: _____

Axles Width at Tire Sidewall: _____

Maximum Allowable Weight: _____

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

(Please attach copy of your Caltrans Transportation Permit)

Loaded Height: _____ Loaded Width: _____ Loaded Overall Length: _____

Weight Class: Legal Green Purple Origin: _____

Pilot Car YES NO Destination: _____

Applicant Signature: _____ Date: _____

Contact Person During Haul (PRINT): _____ Phone: _____

FOR CITY USE ONLY

TOTAL DUE: \$ _____ Paid by: Cash Check # _____

Authorized City Agent: _____ Date: _____

Conditions: _____

CALL 8-HOURS BEFORE THE MOVE AT (209) 845-3600.

Issuer (Print Name) _____

PUBLIC WORKS STAMP (Permit invalid if not stamped)

Permit No. _____

MOVEMENT AUTHORIZED: PERMIT VALID FOR 7 CONSECUTIVE DAYS

Date Issued _____

Rev. 2/1/2026