



Truck Route Permit Application

Public Works Department
Transportation Division
701 Laurel Street
Menlo Park, CA 94025
Telephone (650) 330-6770
Fax (650) 327-5497

PERMIT NO: _____

Valid from ___/___/20___ to ___/___/20___

Applicant Name:		Contractor Name:	
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Insurance:		Insurance:	

Description of Load or Equipment and Model No. _____

Dimensions of Load _____ Description of Hauling Equipment _____ Vehicle Width _____

Kingpin to Rear Axle Length _____ Semi Trailer Length _____ Combo Vehicle length _____

Maximum Weight _____ Maximum Height _____ Maximum Width _____ Maximum 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	_____	_____	_____	_____	_____	_____	_____	_____	_____

APPROVED TRUCK ROUTES: (see map on reverse side)

GENERAL CONDITIONS:

- Permit is for a single trip only – **ANNUAL PERMITS (same route for one truck)**
- Permittee shall keep any permit issued in the cab of the vehicle to which the permit refers when movement on a public street is involved. No truck which exceeds a maximum gross weight of three tons shall be operated on a residential, local or collector street before the hour of eight a.m. or after the hour of five p.m. unless otherwise approved by the Transportation Division.

I hereby certify that all information provided in this application is true and complete and I agree to comply with conditions listed above hereof.

Applicants Signature _____ Date _____

(DO NOT WRITE IN THIS BOX FOR CITY OFFICIALS ONLY)

APPLICANT WRITE PROPOSED ROUTE ON FAX COVER PAGE!

ROUTE

IN _____

OUT _____

COUNTY CALTRANS NONE ONE TWO

Other Permit Required	<input type="checkbox"/>	<input type="checkbox"/>	Pilot Vehicle Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved by Transportation Division	<input type="checkbox"/>
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FEE

\$16.00 PER TRIP EACH WAY \$90.00 ANNUAL PERMIT

TOTAL _____ **DATE PAID** _____