

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:



CITY OF LOS ALAMITOS
 3191 KATELLA AVE.
 LOS ALAMITOS, CA 90720
 562-431-3538
 FAX: 562-493-0678

PERMIT NO. _____

 AUTHORIZED CITY REPRESENTATIVE

TRANSPORTER

ADDRESS

CITY/STATE

PHONE

FAX

<input type="checkbox"/> HAUL	LOAD OR EQUIPMENT AND MODEL NO.
<input type="checkbox"/> DRIVE	
<input type="checkbox"/> TOW	

TYPE VEHICLE

KING PIN TO LAST AXLE	COMB. VEHICLE LENGTH
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PERMIT VALID BETWEEN
 ____ / ____ / ____ TO ____ / ____ / ____
SUNRISE TO SUNSET
NO MOVING PERMITTED:
SATURDAYS, SUNDAYS, HOLIDAYS
OR 7:00 – 9:00 A.M. and
3:30 – 6:00 P.M.
48 HR. MINIMUM APPLICATION PERIOD
FOR NON-EMERGENCY PERMITS

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	XXXX									
AXLE WIDTH										
WEIGHT										

ORIGIN: _____ **DESTINATION:** _____ **TRIPS:** _____

AUTHORIZED ROADS/STREETS/HIGHWAYS – OTHER AGENCY PERMITS REQUIRED

*** PERMITEE ASSUMES RESPONSIBILITY FOR ALL OVERHEAD CLEARANCES**

PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK NO. _____ <input type="checkbox"/> EXEMPT <input type="checkbox"/> CREDIT CARD	ATTACHMENTS – Provisions/Procedures <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
FEE \$ _____	

PERMIT COMPANY NAME _____ **DATE** ____ / ____ / ____

PERMITEE'S AUTHORIZED AGENT SIGNATURE _____