



CITY OF SEAL BEACH - PUBLIC WORKS DEPARTMENT
211 8TH STREET, SEAL BEACH, CA 90740

APPLICATION DATE:

TRANSPORTATION PERMIT APPLICATION

PERMITTEE INFORMATION	FOR OFFICIAL USE ONLY	
TRANSPORTER:	PERMIT #:	ISSUED BY:
CONTACT NAME:	EFFECTIVE DATE:	EXPIRATION DATE:
ADDRESS:		
PHONE:	EMAIL:	
EQUIPMENT INFORMATION		
LOAD OR EQUIPMENT & MODEL NUMBER:	<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW	
TYPE OF VEHICLE:		
KING PIN TO LAST AXLE:	COMBINED VEHICLE LENGTH:	
LOAD DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED		
MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:
MAX OVERHANG:	WEIGHT:	
AXLE NUMBER	1	2
	3	4
	5	6
	7	8
# OF TIRES		
AXLE SPACING		
AXLE WIDTH		
HAUL ROUTE		
ORIGIN:	DESTINATION:	TRIPS:
HAUL ROUTE DESCRIPTION (<i>attach map</i>):		PILOT CAR: <input type="checkbox"/> YES <input type="checkbox"/> NO
PERMITTEE'S AUTHORIZED AGENT SIGNATURE:		DATE:
SPECIAL CONDITIONS		FOR OFFICIAL USE ONLY
NOT VALID ON SATURDAYS/SUNDAYS/HOLIDAYS NOT VALID BETWEEN 7:00 A.M. TO 9:00 A.M & 3:30 PM AND 6:00 PM NOT VALID BETWEEN SUNSET TO SUNRISE		FEE:
		RECEIPT #: