

CITY OF ENCINITAS, CALIFORNIA TRANSPORTATION PERMIT

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

NAME	
ADDRESS	
CITY/STATE	
TELEPHONE:	VEHICLE LICENSE NO.

<p style="text-align: center;">PERMIT VALID BETWEEN</p> <p style="text-align: center;">_____ AM _____ PM _____</p> <p style="text-align: center;">MOVING AUTHORIZED</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>SATURDAY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SUNDAY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SUNSET TO SUNRISE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	SUNSET TO SUNRISE	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">PERMIT NUMBER</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">CITY REPRESENTATIVE</p>
	YES	NO											
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>											
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>											
SUNSET TO SUNRISE	<input type="checkbox"/>	<input type="checkbox"/>											

<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

PERMIT PROCEDURES

1. Applicant must apply at least 24 business hours in advance of movement on city streets.
2. Applicant must provide a certificate of insurance naming the City of Encinitas as additionally insured in an amount not less than \$1,000,000.00.
3. Applicant must carry in the truck the original permit and any attachments.
4. All information required on the permit application must be provided at the time of submittal in order for the application to be considered complete and acceptable for processing.
5. No permit will be processed after 3:00 P.M. each day.
6. Email completed permit requests to the Traffic Program Assistant at: abariteau@encinitasca.gov P: (760) 633-2790

LOADED DIMENSIONS GREATER THAN OR WEIGHTS EXCEEDING THOSE SHOWN 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									
AXLE WIDTH									
WEIGHT									
ORIGIN:					DESTINATION:			TRIPS:	

AUTHORIZED ROUTE:

Please be advised that you, the permittee, are responsible for verifying all height and width restrictions as well as all clearances on this route prior to travel.

PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED	<p style="font-weight: bold; font-size: small;">ATTACHMENTS</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
_____ AUTHORIZED AGENT SIGNATURE	_____ DATE