

**TRANSPORTATION PERMIT
CITY OF TULARE**

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

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

PERMITS VALID BETWEEN:
_____ AM
_____ PM
AND SUNSET: _____

MOVING AUTHORIZED:
YES NO
SATURDAY:
SUNDAY:
SUNSET TO SUNRISE:

PERMIT NUMBER

ANNUAL PERMIT

AUTHORIZED REPRESENTATIVE

Haul: LOAD OR EQUIPMENT AND MODEL NO.
An extra-legal load as defined in section 320.5
 Drive: **of the C.V.C.**
 Tow: _____

TYPE VEHICLE _____

KINGPIN TO LAST AXLE: _____ COMB. VEHICLE LENGTH: _____

**CITY OF TULARE
ENGINEERING DIV.
411 EAST KERN AVE.
TULARE, CA 93274
PHONE: (559) 684-4207**

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									
AXLE WIDTH									
WEIGHT									

ORIGIN: _____ DESTINATION: **Various - Annual Permit** TRIPS: _____

AUTHORIZED STATE HIGHWAY / COUNTY AND/OR CITY PERMITS REQUIRED

PILOT CAR YES

ATTACHMENTS:

PERMIT CONDITIONS

HOLIDAY RESTRICTIONS

CASH CHARGE EXEMPT

ANNUAL FEE \$90.00

I CERTIFY THAT ALL COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED

AUTHORIZED AGENT SIGNATURE

DATE