CITY OF WOODLAND
COMMUNITY DEVELOPMENT DEPARTMENT
ENGINEERING DIVISION

300 FIRST STREET
WOODLAND CA 95695
530-661-5820

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

PERMIT VALID:

FROM:

TO:

Time:

MOVING AUTHORIZED:

SATURDAY:

SUNDAY:

DARKNESS (CVC 280):

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

- ☒ Permit Conditions
- ☐ Holiday Restrictions (see State Permit)
- ☒ Woodland Map
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER *(Include Area Code)*

FAX NUMBER *(Include Area Code)*

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD) *Authorization is granted for the following:* ☐ Haul ☐ Drive ☐ Tow

DESCRIPTION OF HAULING EQUIPMENT:

				VEHICLE WIDTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:	
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:

ORIGIN: **Various**

DESTINATION: **Various**

AUTHORIZED ROUTE/STREETS. STATE AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE ROUTE.

PILOT CAR: **Follow Caltrans guidelines**

CASH, CHECK, OR EXEMPT INFORMATION		APPLICANT SIGNATURE	DATE:
FEE 101-4227	NUMBER OF TRIPS	AUTHORIZED CITY REPRESENTATIVE	DATE:

REQUESTED ROUTE: *(Include Address of Origin and Delivery Site)*

CONTACT PERSON

SUBMIT VIA E-MAIL: TransportationPermits@cityofwoodland.org

TRANSPORTATION PERMIT