	DERO									
Over-Dimensional Transportation Permit					PEF	MIT V	ALID:	PERMIT NUMBER:		
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE					OM:					
TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN					MOVEM	ENT AU	THORIZED:	PERMIT ACCOMPANIMENTS:		
THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:					TURDAY:					
NAME:					NDAY:					
ADDRESS:					RKNESS:					
CITY/STATE/ZIP:					(CVC280):					
OFFICE PHONE NUMBER (Inclu	FAX NUM	BER (Includ	ling Are	a Code)						
DESCRIPTION OF THE LOAD O	R EQUIPMENT	AND MODEL	NO.:	HA		DRIVE	TOW			
DIMENSIONS OF LOAD:										
DESCRIPTION OF HAULING EQ										
VEHICLE	SEMI-T			NGPIN TO			COMB. VEHICLE			
WIDTH:	LENGT		2		ST AXLE:	-	C C	LENGTH:	0	
AXLE NUMBER NUMBER OF TIRES PER AXLE	1	2	3	4		5	6	7	8	9
DISTANCE BETWEEN AXLES					I					
WIDTH OF AXLES AT TIRE SIDEWALL							ľ	•		
MAXIMUM ALLOWABLE WEIGHT	·	•	·		·			·	-	+
	NOT TO EX	CEED DIMEN	NSIONS SH	IOWN B	ELOW OR	AXLE \	NEIGHTS SHO	OWN ABOVE		
LOADED HEIGHT:	LOADED WIDTH: LOADED C			OVERAL	/ERALL LENGTH: LOADED OVE			RHANG: WEIGHT CLASS:		
ORIGIN:	· · ·			DE	DESTINATION:				-	
REQUESTED ROUTE:										
AUTHORIZED CITY ROUTES - S	STATE AND/OF	COUNTY					ALID FOR POS			
PERMITS MAY BE REQUIRED				wit	h local acce	ess for p	ickup/delivery	according to S	ection 35703 of	the CVC
PILOT CAR YES	└ NO	***	PILOT CAR	REQUIE	RED ON LO	ADS E	CEEDING 12	' WIDE		
Pursuant to California Vehicle	Code, Section	35780, this p	ermit does	NOT exer	npt the pe	mittee	from meeting t	he requireme	nts set	
forth by the California Departr	nent of Transp	oortation to op	perate extra	a-legal loa	ads within t	he state	e right-of-way.			
NUMBER OF TRIPS	\$16 - Daily Permit \$90 - Annual Permit				PLICANT COI	NTACT PE	RSON (PRINT)		DATE	
FEE \$	CASH	CASH CHECK			PLICANT SIG	NATURE			DATE	
*Please reference the contact inform submitting a fax request please incluc original check and a copy the permit r	le a copy of the ch	neck being issued	•		THORIZED B	Y CITY AG	GENT		DATE	

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