## TRANSPORTATION PERMIT APPLICATION FOR SPECIAL USE OF COUNTY OR PUBLIC HIGHWAYS IN TULARE COUNTY

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:						
TRANSPORTER			PERMISSION	PHONE:		RELOCATION NO:
						-
ADDRESS:			C	ITY:	STATE	ZIP
	LOAD OR EQUIPME	NT AND MODEL				: 
HAUL						
DRIVE	TYPE VEHICLE					
	KING PIN TO LAST AXLE		COMB. VEHICLE LENGTH (FEET)			
TOW LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED						
Max. Height	LOADED DIMEN	SIONS DIFFERENT 1 MAX. WIDTH		SEXCEEDING THOSE SH OVERALL LENGTH	MAX. OVERHANG	AUTHORIZED
WEIGHT						
COUNTY START	ING LOCATION / ORIG	iIN		DESTINATION		
AUTHORIZED ROADS / STREETS / HIGHWAYS *OTHER AGENCY PERMITS REQUIRED						
PILOT CAR	YES		RED			
MOVIN	G AUTHORIZED	PERMIT VALID	BETWEEN		ATTACHMENTS	
	YES NO	<u>TIME:</u>	DATE:	Permit Conditions		
Satu	rday					
Sund	-	AM PM			□	
Sunrise to Su		AND SUNSET		□	□	
				†o	□	
				<b></b>		
SIGNATL	RE PERMITTEE'S	AUTHORIZED AGE	NT DATE			