

Department of Public Works
915 8th Street, Suite 125
Marysville, CA 95901
(530) 749-5420

YUBA COUNTY
TRANSPORTATION REPORT

One-trip Permit
Blanket Permit

PERMIT No. _____

IN COMPLAINE WITH YOUR REQUESTS AND SUBJECT TO ALL OF THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHEMENTS, PERMISSION IS GRANTED TO:

Name		This permit effective only after sunrise on _____								
Address		TIME _____ and expires before sunset.								
City/State		EXPERATION DATE: _____								
Phone _____ Fax _____		Permit Fee: _____								
HAUL DRIVE TOW	LOAD OR EQUIPMENT AND MODEL NO.		Receipt #: _____							
			TRAILER MAKE:				SERIAL No.			
			TRANSPORTERS LICENSE # _____							
TYPE OF COMBINATION:										
LOADED DEMINISIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED										
Max Height	Max Width	Max Overall-Length			Max Overhang		Gross Weight			
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
NUMBER TIRES										
AXLE SPACING										
AXLE WIDTH										
WEIGHT										
POINT OF ORIGIN _____										
DESTINATION _____										
ROUTE (over which County Roads) _____										

With exceptions noted, permittee must company with the Vehicle Code and prints provisions herein and on the attached sheet. Special attention is directed to provisions 5, 6, 8, 16, 17.

This permit is issued pursuant to Section 35780 of the Vehicle Code and does not waive applicable vehicle registration requirements. This permit is to be strictly construed and no work other than that specifically mentioned above is authorized hereby.

AUTHORIZED AGENT SIGNATURE
(APPLICANT)

YUBA COUNTY DEPARTMENT OF PUBLIC WORKS

BY: _____