

# MADERA COUNTY

## SINGLE TRIP TRANSPORTATION PERMIT APPLICATION

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

TRANSPORTER

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER

FROM:

TO:

MOVING AUTHORIZED:

SATURDAY

SUNDAY

DARKNESS (CVC 280)

DATE OF APPLICATION:

\_\_\_\_\_

FAX NUMBER

AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL  TOW  DRIVE

DESCRIPTION OF HAULING EQUIPMENT:

- PERMIT CONDITIONS
- PILOT CAR CONDITIONS
- TOW TRUCK CONDITIONS
- MOBILE HOME SPECIAL CONDITIONS
- \_\_\_\_\_
- \_\_\_\_\_

VEHICLE WIDTH:	KING PIN TO LAST AXLE:						COMB. VEH 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 SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:
----------------	---------------	------------------------	------------------

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

**AUTHORIZED COUNTY ROADS – CITY AND/OR STATE HIGHWAY PERMITS MAY BE REQUIRED**

Route: \_\_\_\_\_

Pilot Car: \_\_\_\_\_

CASH, CHECK, CHARGE OR EXEMPT INFORMATION:	MAILED:	FEE: \$15.00	NUMBER OF TRIPS
CHARGE			

APPLICANT SIGNATURE:	DATE:	AUTHORIZED COUNTY REPRESENTATIVE:	DATE:
----------------------	-------	-----------------------------------	-------

THIS IS A SINGLE TRIP PERMIT AND IS VALID IF FAXED

**FOR INQUIRIES REGARDING THIS APPLICATION CALL MADERA COUNTY ROAD DEPARTMENT AT (559) 675-7811  
FOR THE PROCESSING OF THIS APPLICATION PLEASE FAX TO (559) 675-7631**