



Contra Costa County  
Public Works  
Department

APPLICATION AND PERMIT CENTER

**TRANSPORTATION PERMIT** (Rev 2/18)

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

<b>NAME</b>			<p align="center"><b>PERMIT VALID</b></p> <p>FROM:</p> <p>TO:</p> <p><b>MOVING AUTHORIZED:</b></p> <p>SATURDAY:</p> <p>SUNDAY:</p> <p>DARKNESS:</p> <p><small>** NIGHT AND WEEKEND TRAVEL IS PERMITTED ONLY IF CALTRANS ALLOWS SIMILAR MOVE</small></p>	<p align="center"><b>PERMIT NUMBER</b></p> <hr/> <p><b>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:</b></p> <p><input checked="" type="checkbox"/> ATTACHMENT 1 PERMIT CONDITIONS</p> <p><input checked="" type="checkbox"/> CALTRANS 24/7 TRAVEL CONDITIONS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> ATTACHMENT 5 ROUTE SURVEY</p> <p><input type="checkbox"/></p>
<b>ADDRESS</b>				
<b>CITY/STATE/ZIP</b>				
<b>OFFICE PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>		
<b>DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.</b> <span style="float: right;"><input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW</span>				

**DIMENSIONS OF LOAD**

**DESCRIPTION OF HAULING EQUIPMENT:**

VEHICLE WIDTH:	KINGPIN TO LAST AXLE:			SEMI-TRAILER LENGTH:			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 SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:		DESTINATION:		
<b>AUTHORIZED COUNTY ROADS</b> – STATE AND/OR CITY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE COUNTY ROUTE		COUNTY PORTIONS OF:		
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO				
CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION		APPLICANT SIGNATURE		DATE
CREDIT CARD EXP. DATE	FEE \$	NUMBER OF TRIPS	AUTHORIZED COUNTY AGENT	DATE
REQUESTED ROUTE: (Include Address of origin and Delivery Site)				
				CONTACT PERSON (PRINT)

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