

**City of Laguna Hills
TRANSPORTATION PERMIT**

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



CITY OF LAGUNA HILLS
24035 EL TORO ROAD,
LAGUNA HILLS, CA, 92653
(949) 707-2600

PERMIT NUMBER

AUTHORIZED CITY REPRESENTATIVE

DATE:

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
OFFICE PHONE NUMBER (INCLUDE AREA CODE) _____

FAX NUMBER (INCLUDE AREA CODE) _____

PERMIT VALID

From: ___/___/___

To: ___/___/___

NO MOVEMENT PERMITTED:
SATURDAYS/SUNDAYS/HOLIDAYS OR
7:00-9:00 A.M. & 3:30-6:00 P.M.

LOAD OR EQUIPMENT AND MODEL NO. HAUL DRIVE TOW

AXLE NUMBER	1	2	3	4	5	6	7	8	9	10
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

MAX. LOADED HEIGHT:	MAX. LOADED WIDTH:	OVERALL LENGTH:	MAX. OVERHANG:	WEIGHT CLASS:
ORIGIN:	DESTINATION:		NO. OF TRIPS:	
AUTHORIZED CITY STREETS *COUNTY AND/OR STATE PERMITS REQUIRED			TYPE VEHICLE:	

PILOT CAR YES NO

FEE \$ _____ PERMITTEE ASSUMES RESPONSIBILITY FOR ALL OVERHEAD CLEARANCES

CASH : _____ CHARGE : _____ CHECK NO. : _____ CREDIT CARD : _____ EXEMPT INFORMATION : _____	ATTACHMENTS PROVISIONS/PROCEDURES <input type="checkbox"/> MAJOR ARTERIAL MAP <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	This permit is issued pursuant to the Provisions and Procedures detailed and incorporated herein by this reference: http://www.ci.laguna-hills.ca.us Download Forms and Documents Transportation Permit Policies
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REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DELIVERY)

PERMITTEE'S AUTHORIZED AGENT (PRINT) _____	SIGNATURE _____	DATE _____
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