

**SUTTER COUNTY
DEVELOPMENT SERVICES DEPARTMENT
TRANSPORTATION PERMIT**

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

<input type="checkbox"/> SINGLE TRIP <input type="checkbox"/> ANNUAL PERMIT <input type="checkbox"/> REPETITIVE	
PERMIT VALID: FROM: TO: MOVING AUTHORIZED SATURDAY: SUNDAY: DARKNESS (CVC 280):	PERMIT NUMBER THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Pilot Car Requirements <input type="checkbox"/> Bridge List <input type="checkbox"/> City Limit Maps <input type="checkbox"/> CHP Contract (If Required)
NAME	EMAIL ADDRESS:
ADDRESS	
CITY/STATE/ZIP	
OFFICE PHONE NUMBER: (Include Area Code)	FAX NUMBER: (Include Area Code)

(PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following: HAUL DRIVE TOW

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	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 WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:	DESTINATION:			

AUTHORIZED ROUTES – CITY AND/OR STATE PERMITS ARE REQUIRED WHENEVER THE * IS SHOWN IN THE COUNTY ROUTE

PILOT CAR: YES NO Questions regarding road widths call (530) 822-7400 or email TransportationPermits@co.ca.us

Note 1: Mobile Homes, Modulars, Mobile Offices and structures require a Building Permit, Use Permit or Zoning Code approval if the load designation is within Sutter County. Contact Sutter County for further information.

Note 2: If the truck requires STAA approval, the truck will only be allowed to travel on approved STAA routes.

CASH, CHARGE, OR EXEMPT INFORMATION	APPLICANT SIGNATURE:	DATE:
CHK # N.A. FEE \$ NUMBER OF TRIPS	AUTHORIZED AGENT: Sutter County Development Services	DATE:

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

PERMIT COMPANY:	CONTACT PERSON (PRINT):
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OFFICIAL USE ONLY: NEW PERMIT RENEW PERMIT (PREVIOUS ANNUAL PERMIT # _____, YEARS : ___/___)