County of Sutter



Application for STAA-Dimensioned Vehicles Route

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This application is used to request reasonable STAA-dimensioned vehicles access to permitted facilities and allows them to legally operate beyond the statutory limits of the California's National Truck Network. One application is required for each reasonable access route requested. Reasonable access is granted or denied within ninety (90) days of receipt of a fully completed application. An application is not considered to be fully complete unless and until (1) the requested route, including terminal locations, have been verified to be accurate, and (2) A \$2,100.00 fee has been paid to County of Sutter Development Services. See County of Sutter Ordinance Code, Section 900 for additional information. Contact Sutter County Development Services Engineering at 530-822-7400 if you have any questions.

A. Applicant must submit a STAA Terminal Access Route letter on their letter head. Refer to attached sample letter on page 3.

B Type of STAA Access Requested (please check ALL that apply):

bi Type of officeress frequested (pre	ase enece	TALL CHAC	<u>upp:y/.</u>				
☐ 53'-Long Semi-Trailers (note Type: ☐	Вох 🗆	Flatbed \Box	Other)				
\square Maximum overall length of <u>truck-tractors</u>		feet	inch	es			
☐ Maximum overall length of semi-trailer c	<u>ombinatio</u>	<u>n</u>	feet	inches			
☐ Maximum kingpin setting for each vehicle	e	feet	inche	es			
☐ Hours of Operation fromA	.M. to	P.M.					
C. Applicant Information (who is requesting STAA route access)							
Name:							
Title:							
Company:							
Address:							
City:	_ State:		Zip:				
Phone Number: ()	_ E-mail:						
Sutter County Development Services			F	Page 1 of 3			

D. Facility Information (where the STAA-dimensioned vehicle is traveling from):

The destination may not be an individual street address but may be an intersection or interchange with an existing STAA designated route or National Truck Network route.

Street	Address:		
City: _		State:	Zip Code:
Compa	any or Owner Name:		
Phone	e Number: ()	Fax Number: ()
E-mai	l:		
Contac	ct Person:		
Contac	ct Person Phone Number: (E	Email:
<u>Е. Ма</u>	ıps:		
All app	olications must include a map inc	dicating the following:	
•	Location of facility (within Sutto Location of State Highway to be All roads to be used and all turn	e accessed.	facility and the State route locations.
sufficions them.	ent to indicate roads, streets, an	nd turns, must be legible, and	' x 17") paper, must be of a scale d must have the route highlighted on y assist in clarifying the route indicated
<u>F. Ter</u>	minal and Route Description	on:	
All app	olications must include a written	description detailing;	
1.	Number of individual arrivals a	nd departures each day, to a	and from your facility.
2.	Hours of Terminal operation	A.M	P.M.
3.	A description of the operation	at the facility (same as Planr	ning Application).

G. Submit Application and Deposit Fee to:

Sutter County Development Services, Engineering 1130 Civic Center Blvd. Yuba City, California 95993

H. SAMPLE LETTERHEAD

[Place letter on Applicant's Letterhead]

	Date
County of Sutter	
Development Services Department	
1130 Civic Center Blvd.	
Yuba City, CA. 95993	
RE: Request for a STAA Terminal Access Route	
Dear Sir/Madam	
I would like to request a Surface Transportation Assistance Act (STAA) Truck Route [Insert name of business requesting the STAA Route] located at [address of facility ending at State Route The approximate length of the proposed STAA Route facility requesting the STAA Route has received all entitlements and a Use Perr Planning Project	requesting the route and oute is miles.
Should you have any questions or require additional information, please contact me phone number and email address]	e at [Applicants contact
Sincerely,	
Owner/Applicant	