

CITY OF CHOWCHILLA

TRANSPORTATION PERMIT APPLICATION

(THIS APPLICATION MUST ACCOMPANY A CALTRANS PERMIT WITH EVERY NEW APPLICATION)

FAX TO 559 665-7419

Applicant's Name:				Permit Valid:				Moving Authorized					
								3AM		YES		NO	
				Address:				From:		Saturday		<input type="checkbox"/>	
City/State/Zip:				To:		Sunday		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Office Phone Number:				Fax Number:									
Hauler's Name:				Description of Load:									
Address/City/Zip:													
Dimensions of Load:				<input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow									
Description of Hauling Equipment:													
Vehicle Width:			Kingpin to Rear Axle Length:			Semi-Trailer Length			Comb. Vehicle Length:				
Axle Number	1	2	3	4	5	6	7	8	9				
Number of tires/axle													
Distance between axles:													
Axle Width at Tire Sidewall													
Max allowable Weight													
Maximum Height:			Maximum Width :			Maximum Overall Length:			Maximum Overhang:				
Origin:					Destination:								
Authorized Highways:													
Route:													
Pilot Car: YES <input type="checkbox"/> NO <input type="checkbox"/>				Fee:			Number of Trips						

Applicant Signature: _____

Contact Person: _____

Date: _____

Approved Denied

Department Head _____

Date _____