



CITY OF SOUTH LAKE TAHOE
**SINGLE LOAD TRANSPORTATION
 PERMIT (1) Day**

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

NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP _____

PERMIT VALID:
 FROM: _____
 TO: _____
**MOVING
 AUTHORIZED:**
 SATURDAY: _____
 SUNDAY: _____
 DARKNESS
 (CVC 280): _____

PERMIT NUMBER

OFFICE PHONE NUMBER (include Area Code) _____ Email: _____

THIS PERMIT NOT VALID WITHOUT
 THE FOLLOWING ATTACHMENTS:
 Permit Conditions CALTRANS PERMIT
 Holiday Restrictions
 Other
Please Allow 2-3 Days for Permit Processing

(SHOW 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 WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED CITY STREETS _____

No Transport allowed on Venice Drive between Tahoe Keys Blvd. and 15th Street and on Lakeview Avenue between US Highway 50 and Harrison Avenue.

PILOT CAR Yes No

EXEMPT INFORMATION _____ APPLICANT SIGNATURE: _____ DATE _____

Please complete the Attached Credit Card Authorization FEE \$101 # of Trips One (1) AUTHORIZED CITY AGENT _____ DATE _____

REQUESTED ROUTE (Include Address of Origin and Delivery Site)

CONTACT PERSON _____



LETTER OF CREDIT CARD SUBMITTAL

TO: Randy Carlson - rcarlson@cityofslt.us or
Andra Burnam – aburnam@cityofslt.us

FROM:

DATE:

RE: Authorization to Charge Credit Card

Please submit the following information:

Name of Company: _____

Address of Company: _____

Phone Number: _____

Name & Authorized Signer on Credit Card: _____

Address Affiliated with Credit Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

CVV Number (3-Digit Security Code on Back of Credit Card): _____

Thank you.