



**City Of Richmond**

**Transportation Permit PERMIT NO. # \_\_\_\_\_**

**DATE: \_\_\_\_\_**

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS ,  
CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE

ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

TRANSPORTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<b>PERMIT VALID:</b> FROM: _____	<b>PERMIT APPROVED</b> CITY ENGINEER
TO: _____	By: _____
<b>MOVING AUTHORIZED:</b>	CITY OF RICHMOND
SATURDAY: <input type="checkbox"/>	ENGINEERING SERVICES DEPT.
SUNDAY: <input type="checkbox"/>	450 CIVIC CENTER PLAZA, 2ND FLOOR
DARKNESS (CVC280): <input type="checkbox"/>	RICHMOND CA, 94804
	PHONE: 510-307-8091

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.-INCLUDE DIMENSIONS OF LOAD)  
AUTHORIZATION IS GRANTED FOLLOWING  HAUL  DRIVE  TOW

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KING PIN TO LAST AXLE:		COMB. VEHICLE LENGTH:			
	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLE									
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

MAXIMUM HEIGHT:	MAXIMUM WIDTH:	MAXIMUM OVERALL LENGTH:	MAXIMUM OVERHANG:	WEIGHT CLASS:
ORIGIN:	DESTINATION:		TRIPS:	

AUTHORIZED ROUTE OVER CITY OF RICHMOND STREETS(STATE OR OTHER AGENCY PERMITS MAY BE REQUIRED FOR ABBREVIATIONS SEE BELOW)

PILOT CAR  YES  NO

Permittee agrees to save, indemnify and keep harmless the City of Richmond and its offices, employees and agents against all liabilities, judgments, costs and expenses which may in any manner accrue against the City in consequence of the granting of this permit, or from the use or occupancy of any sidewalk, street or right of what or other property by virtue thereof and will in all things strictly comply with the conditions of this permit, and provisions of all applicable ordinances of the City of Richmond, State and Federal code.

\_\_\_\_\_  
**PERMITTEES AUTHORIZED AGENT (SIGNATURE)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**COMPANY NAME:**

ABBREVIATIONS: C.O.S.P = CITY OF SAN PABLO  
C.C.C= CONTRA COSTA COUNTY  
C.T= CALTRANS

**DISTRIBUTION:** ORIGINAL &  
GREEN - PERMITTEE YELLOW-  
CENTRAL FILE  
PINK- STREET DEPT.  
GOLDENROD-POLICE- TRAFFIC