## **CITY OF WOODLAND**

CITY OF WOODLAND COMMUNITY DEVELOPMENT DEPARTMENT					PERMIT VALID:					PERMIT NUMBER							
ENGINEERING DIVISION 300 FIRST STREET				FROM:													
WOODLAND CA 95695					TO:												
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY					TIME:  MOVING AUTHORIZED:												
GRANTED TO:					WOVING	7.01110	JIIIZED	•									
NAME					SATURDAY:						THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:						
ADDRESS					SUNDAY:												
CITY/STATE/ZIP										Permit Conditions  Holiday Restrictions (refer to State permit)							
					DARKNESS (CVC 280):					Woodland Map							
OFFICE PHONE NUMBER (Include Area Code) FAX NUMBER					(Include Area Code)												
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MOI					DEL NO INCLUDE DIMENSIONS OF												
` _					Haul Drive Tow												
DECODIDATION OF HALLIMO	CHIDNENIT																
DESCRIPTION OF HAULING I	EQUIPMENT:																
					VEHICLE KINGP WIDTH: LAST A												
AXLE NUMBER	1	2	3		4		5		6		7		8		9		
NUMBER TIRES PER AXLE																	
DISTANCE BETWEEN AXLES			<u> </u>			I.											
WIDTH OF AXLES AT TIRE SIDEWALL																	
MAXIMUM ALLOWABLE WEIGHT						•								•			
LOADED DIMENSION	W OR \	W OR WEIGHTS EXCEEDING THOSE SHOW															
LOADED HEIGHT:	LOADED W	DED O	DED OVERALL LENGTH: LOADED OVER					RHANG: WEIGHT CLASS:									
ORIGIN:					DESTINATION:												
AUTHORIZED ROUTE/STREE				MITS													
ARE REQUIRED WHEREVER	THE * IS SHO	OWN IN TI	HE ROUTE.														
PILOT CAR: Follow	Caltrans gu	idelines															
CASH, CHECK, OR EXEMPT INFORMATION APPL					ICANT SIGNATURE						DATE:						
FEE 101-4227	NUMBER OF TRIPS AUTH				IORIZED CITY REPRESENTATIVE							DATE:					
REQUESTED ROUTE: (Includ	l le Address of	Origin and	   Delivery Site)	)													

CONTACT PERSON