

**TOWN OF LOS GATOS**  
**Parks Public Works Department**  
**Engineering Division**

## **Application for Hauling Permit**

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:		PERMIT VALID:  FROM: _____  TO: _____  <input type="checkbox"/> NO NIGHT TRAVEL	
NAME	ADDRESS		
CITY/STATE/ZIP			
OFFICE PHONE NUMBER <i>(Including Area Code)</i>	OFFICE FAX NUMBER <i>(Including Area Code)</i>	APPROVED BY:	
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. <input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		DATE:	
DIMENSIONS OF LOAD		PERMIT NO.	

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**DESCRIPTION OF THE HAULING EQUIPMENT:**

**NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW**

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

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**ORIGIN:**

**DESTINATION:**

**REQUESTED ROUTE:**

CHECK NUMBER:	FEE: \$16.00	APPLICANT NAME ( <i>Please Print</i> )	
PLEASE WRITE PERMIT NUMBER ON CHECK.		APPLICANT SIGNATURE:	DATE:
CONTACT PERSON ( <i>Print</i> )		CONTACT PERSON PHONE:	CONTACT PERSON FAX: