

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:

NAME	PERMIT VALID: FROM: _____ TO: _____ ___ NO NIGHT TRAVEL
ADDRESS	
CITY/STATE/ZIP	



OFFICE PHONE NUMBER (Including Area Code)	OFFICE FAX NUMBER (Including Area Code)	APPROVED BY:
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. ___ HAUL ___ DRIVE ___ TOW		DATE:
DIMENSIONS OF LOAD		PERMIT NO.

DESCRIPTION OF THE HAULING EQUIPMENT:

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:	KINGPIN TO LAST AXLE:	COMB. VEHICLE LENGTH:
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NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH	LOADED OVERHANG:	WEIGHT CLASS:
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ORGIN:	DESTINATION:
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REQUESTED ROUTE:

PILOT CAR ___ YES ___ NO

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