

CITY OF CORONA • PUBLIC WORKS DEPARTMENT
TRANSPORTATION / OVERLOAD PERMIT

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:

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____

PERMIT VALID:
 DATE: _____
 MOVEMENT AUTHORIZED:
 SATURDAY: _____
 SUNDAY: _____
 NIGHT: _____

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

Permit Conditions _____
 HOLIDAY RESTRICTIONS _____

OFFICE PHONE NUMBER (Including Area Code) _____ OFFICE FAX NUMBER (Including Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. HAUL DRIVE TOW

DIMENSIONS OF LOAD _____

DESCRIPTION OF HAULING EQUIPMENT: _____

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

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

ORIGIN: _____ DESTINATION: _____

REQUESTED ROUTE:
 (INCLUDE ADDRESS OF ORIGIN OR DELIVERY SITE)

PILOT CAR YES NO

FEE \$ _____ NUMBER OF TRIPS _____

CONTACT PERSON (PRINT) _____

