

**CITY OF NAPA – PUBLIC WORKS DEPT.**  
**TRANSPORTATION PERMIT** (REV. 02/18)  
 Napa Municipal Code 10.52.010

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

NAME	FROM:	PERMIT NUMBER
ADDRESS	TO:	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:  Permit Conditions Holiday Restrictions  _____ _____ _____ _____
CITY/STATE/ZIP	MOVING AUTHORIZED:	
OFFICE NUMBER	SATURDAY: SUNDAY: DARKNESS (CVC 280):	
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSION OF LOAD) <i>Authorization is granted for the following:    Haul    Drive    Tow</i>	FAX NUMBER	

DESCRIPTION OF HAULING EQUIPMENT:

	VEHICLE WIDTH:			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									

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS: _____
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ORIGIN:	DESTINATION:
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AUTHORIZED STREETS/ROADS (WITHIN CITY LIMITS ONLY)	
PILOT CAR	YES          NO

	APPLICANT SIGNATURE	DATE
CASH or CHECK	FEE \$	NUMBER OF TRIPS
	AUTHORIZED CITY AGENT	DATE

REQUESTED ROUTE: *(Include Address of Origin and Delivery Site)*

	CONTACT PERSON:
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