

# CITY OF AGOURA HILLS TRANSPORTATION PERMIT

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  ADDRESS  CITY/STATE/ZIP  OFFICE PHONE NUMBER (Include Area Code)      FAX NUMBER (include Area Code)	PERMIT VALID: FROM:  TO:  MOVING AUTHORIZED:  SATURDAY:  SUNDAY:  DARKNESS (CVC 280):	PERMIT NUMBER   THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:  Permit Conditions <input type="checkbox"/> Holiday Restrictions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.      INCLUDE DIMENSION'S OF LOAD) Authorization is granted for the following: <input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow		

DESCRIPTION OF HAULING EQUIPMENT

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:			
	1	2	3	4	5	6	7	a	9
NUMBER 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 STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE \* IS SHOWN IN THE STATE ROUTE.**


CASH, CHARGE CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE      FEE \$      NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

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

	CONTACT PERSON
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