

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.	

DESCRIPTION OF THE HAULING EQUIPMENT:

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW

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

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: