



TOWN OF LOS GATOS HAUL PERMIT APPLICATION

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:	
NAME				FROM: _____	
ADDRESS				TO: _____	
CITY/STATE/ZIP				___ NO NIGHT TRAVEL	
OFFICE PHONE NUMBER (Including Area Code)		OFFICE FAX NUMBER (Including Area Code)		APPROVED BY:	
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.:				DATE:	
_____ HAUL _____ DRIVE _____ TOW				/ /	
DIMENSIONS OF LOAD:				PERMIT NO.:	
DESCRIPTION OF THE HAULING EQUIPMENT:					
VEHICLE WIDTH:		SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXLE:	
				COMB. VEHICLE LENGTH:	
NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW					
LOADED HEIGHT:		LOADED WIDTH:		LOADED OVERALL LENGTH:	
				LOADED OVERHANG:	
				WEIGHT CLASS:	
ORIGIN:			DESTINATION:		
REQUESTED ROUTE:					
PILOT CAR ___ YES ___ NO					
DESCRIPTION:					
CHECK NUMBER:		FEE:		APPLICANT NAME: (Print)	
				EMAIL:	
PLEASE WRITE PERMIT NUMBER ON CHECK.		APPLICANT SIGNATURE:			DATE:
					/ /
CONTACT PERSON: (Print)			CONTACT PERSON PHONE:		CONTACT PERSON FAX: