

## **Oversize/Overweight Transport Permit**

Public Works Department 809 Center Street Room 201, Santa Cruz, CA 95060 PHONE (831) 420-5160

Permit Company	:			
<b>Transportation C</b>	Company:			
<b>Contact Person:</b>				
Address:		City/State:	Zip:	
Phone:		Email:		
(Transport/Permit Comp	any to attach Caltrans Permit alor	ng with the City permit application	n)	
<b>Load Information</b>	1:			
Load:				
Date:	to	Time:		
		Max. Length:	Max. Overhang:	
Weight Color Rati	ng:			
Total Weight of V	ehicle Plus Load (lbs.): _	# oi	f Axels:	
Origin:		Destination:		
City Doutes				
Special				
Requirements:				
Click button on rig	ght to e-mail permit:			
Transportation/Pe	ermit Company is respon	nsible for contacting the a	appropriate utility companies	
prior to oversize lo		,		
			ies \$125 for each oversize load	
_			mpanies every six months.	
Notified by City o		Oo Not Write Beneath This Line		
		atch (FAX 831-420-5851)		
•		, ,		
Ü	ency Police Dispatch (FA	,		
□ Fire Dept. (	Operations (FAX 831-420	-5281)		
City of San	ta Cruz Approval Signatu	re/Title	Date and Time	