CITY OF SOLVANG TRANSPORTATION PERMIT APPLICATION

Permit Date		Valid Dates From	To	Transportation Permit #	

Applicant Name			Contact Phone		
Street Address			Contact FAX		
City		State		Zip Code	

Transportation is To: ☐ Haul ☐ Drive ☐ Tow

Permit Restrictions
- ☐ Permit Conditions Attached
- ☐ Holiday Restrictions Rules
- ☐ Other Restrictions Attached

Other Restrictions (Types)	

Hauling Equipment Used	

Vehicle Width		Kingpin To Last Axle		Comm. Vehicle Length	
Maximum Allowable Weight					
Loaded Height		Loaded Width		Loaded Overhang	
Weight Class				Loaded OAL	

☐ Pilot Car ?

From :				To:			
Origin Streets				Destination Street			
Origin City				Destination City			
State		Zip		State		Zip	

Requested City Streets

Permit Fee		Number of Trips	

Requested Route

THIS PERMIT IS HEREBY ISSUED TO THE ABOVE NAMED SUBJECT TO ALL APLLICABLE CITY CODES AND ALL CONDITIONS AND RESTRICTIONS LISTED ABOVE.

Applicant _____
Name Title Date

Form Revised 07/04