



CITY OF FOLSOM
 COMMUNITY DEVELOPMENT DEPARTMENT
 50 NATOMA STREET
 FOLSOM, CA 95630
 Fax: (916) 355-7274 Phone: (916) 461-6203
 Email: ksanabria@folsom.ca.us



ANNUAL EXTRA LEGAL TRIP TRANSPORTATION PERMIT

PERMIT NUMBER: _____

The undersigned is allowed to move the below described non-legal load or extra-legal vehicle combination, subject to all regulations written on this page and published in the "Extra-legal Vehicle Permit Conditions."

COMPANY NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX or EMAIL: _____

 (Vehicle/Make of Vehicle)

 (Vehicle License Plate No.)

 (Trailer License Plate No.)

LOAD DESCRIPTION _____

LENGTH KING PIN TO LAST AXLE: _____ TOTAL VEHICLE LENGTH: _____

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:			MAX OVERALL LENGTH:			MAX OVERHANG:		
AXLE NO.	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
AXLE WEIGHT									

STARTING POINT: _____ DESTINATION: _____

CITY STREETS TO BE USED: _____

*****MUST USE ESTABLISHED TRUCK ROUTES*****

(SIGNATURE OF COMPANY REPRESENTATIVE)

(DATE)

(PRINT NAME)

*****BELOW THIS LINE TO BE COMPLETED BY CITY STAFF*****

PERMIT VALID BETWEEN: _____ TO _____ NO. PILOT VEHICLES: 0 1 2

MOVING AUTHORIZATION → SATURDAY: Y N SUNDAY: Y N SUNSET TO SUNRISE: Y N

FEE: \$84.00 APPROVED BY: _____ DATE: _____