

CITY OF MOUNTAIN VIEW PUBLIC WORKS DEPARTMENT  
500 CASTRO STREET • POST OFFICE BOX 7540  
MOUNTAIN VIEW, CA 94039-7540  
650-903-6311 • FAX 650-903-6499

# Transportation Permit

Permit No.: \_\_\_\_\_ Permit Fee: \$ **16.00** Account No.: **223751-41499 (PWTRAN)**

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Description of Equipment to Be Moved: \_\_\_\_\_

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

Maximum Height: \_\_\_\_\_ Maximum Width: \_\_\_\_\_ Maximum Length: \_\_\_\_\_

Maximum Weight: \_\_\_\_\_ Number of Axles: \_\_\_\_\_ Maximum Weight/Axle: \_\_\_\_\_

Number of Sections: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Number of Trips: \_\_\_\_\_

The following route will be used: \_\_\_\_\_

**EFFECTIVE DATE OF PERMIT:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

All necessary precautions must be taken to safeguard the traveling public. You will be held responsible for any traffic accidents resulting from the moving of this equipment as well as for damage to City of Mountain View roads, bridges and any other public property. ACCIDENTS OR DAMAGE REQUIRE NOTICE TO THIS OFFICE IN WRITING WITHIN 24 HOURS.

MOVE SHALL BE MADE DURING SAFE VISIBILITY.

APPLICANT WILL NOTIFY THE CITY OF MOUNTAIN VIEW POLICE DEPARTMENT 24 HOURS PRIOR TO MAKING THE MOVE AND 1 HOUR PRIOR TO THE MOVE. THE PERMISSION GRANTED CANNOT BE CONSTRUED TO BE PERMISSION TO TRAVEL ON ROADS OTHER THAN UNDER THE JURISDICTION OF THE CITY OF MOUNTAIN VIEW.

***A copy of the Caltrans permit shall be attached if the wide load travels on a State highway.***

**I HAVE READ THE ABOVE AND ACCEPT ALL CONDITIONS LISTED.**

CATHY R. LAZARUS  
PUBLIC WORKS DIRECTOR

\_\_\_\_\_  
Signature of Applicant

By: \_\_\_\_\_

Date: \_\_\_\_\_

PW-016^ (5-09)

*Distribution: Applicant; Police Department; File*