CITY OF MOUNTAIN VIEW PUBLIC WORKS DEPARTMENT
500 CASTRO STREET • POST OFFICE BOX 7540
MOUNTAIN VIEW, CA 94039-7540
650-903-6311 • FAX 650-962-8503

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.

MICHAEL A. FULLER
PUBLIC WORKS DIRECTOR

_____
Signature of Applicant

By: _____

Date: _____

PW-016^ (Rev 5-10)

Distribution: Applicant; Police Department; File