

Permit Valid Between the Following Dates: <div style="text-align: center; margin: 10px 0;">to</div>
Movement Authorized; See Attachments 1 & 2

Permit Number: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
County of Alameda Date:

COUNTY OF ALAMEDA

ANNUAL OVERSIZE/OVERWEIGHT MOVE PERMIT

This Permit authorizes the movement of the designated vehicle or vehicle combination, loaded if and as indicated, over any of the public roadways listed in the attachment to this Permit or any other roadway written into the face of this Permit, but only during the days and hours specified in the attachment or on the face of this Permit; this movement shall be subject to the conditions printed on the back of this Permit, the terms of Chapter 12.08 of the Alameda County Ordinance Code, to the standing Conditions of Oversize/Overweight Move Permits, and to any restrictions written into the face of this Permit.

Name & Address of Permittee: Phone: () Fax: ()

Name & Address of Permit Service: Phone: () Fax: ()
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PERMIT RESTRICTIONS:	State Permit # .
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ADDITIONAL ROADWAYS (Movement is authorized on the following roadways, in addition to the roadways listed in the attachment to this permit):

Description of the Load or Equipment: (X) See the attached State Annual Transportation Permit	
<input type="checkbox"/> Haul <input type="checkbox"/> Tow <input type="checkbox"/> Drive	_____ _____ Dimensions of the Load:

Description of the Vehicle/Vehicle Combination: (X) See the attached State Permit			
Vehicle Width:	Semi-trailer Length:	Kingpin to Last Axle:	Comb. Vehicle Length:

The Loaded Dimensions of the Vehicle/Vehicle Combination: (X) See the attached State Permit				
Height:	Width:	Length:	Front Overhang:	Rear Overhang:

The Loaded Weight of the Vehicle/Vehicle Combination, by Axle: (X) See the attached State Permit									
Axle Number:	1	2	3	4	5	6	7	8	9
Number of Tires per Axle:									
Distance between Axles:	----								---
Width of Axles at Tire Sidewall:									
Maximum Allowable Weight:									

Fee: \$ 90	Discover, MasterCard, or Visa:	Card No:	Expiration Date:	Signature:
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⇒ This Permit is valid only with a “wet” County signature above, an attached set of conditions (Attachment 1), an attached list of authorized roadways (Attachment 2), and if referenced above, an attached copy of the applicable State Annual Transportation Permit. ⇐

COUNTY OF ALAMEDA

Conditions of Annual Oversize/Overweight Move Permits

- A. Unless superseded by a special restriction written into or referenced on the face of this Permit, all movements authorized by this Permit shall be subject to the following conditions:
1. All moves shall conform to the requirements of Attachment 1, "CONDITIONS OF OVERSIZE/OVERWEIGHT MOVE PERMITS."
 2. This Permit shall be valid only on those roadways listed under the applicable classification in Attachment 2, "ROUTES AUTHORIZED FOR AN ANNUAL MOVE PERMIT," and any additional roadways written on the face of this Permit. Pilot cars shall be provided as required by Attachment 2, or as required by any special restrictions written on the face of this Permit.
 3. Saturday and/or Sunday movement is authorized only on those roadways listed as "Suitable for Weekend Movement" in Attachment 2.
 4. "Darkness" movement is authorized only on those roadways indicated as "Suitable for After-dark Movement" in Attachment 2.
 5. Loaded vehicles in excess of 14' width, 14' height, or "bonus purple" axle group weight shall not be authorized for movements under this Permit.
- B. The listed vehicles, combinations of vehicles, and loads must be covered by an attached valid State of California Transportation Permit for the entire period of this Permit.

⇒Movement which violates the conditions of this Permit is illegal and will cause this Permit to be canceled or suspended.←

⇒A reprinted or faxed copy of this Permit is valid only for reference purposes and may not be used as an authorization to move.←

**Public Works Agency
Permit Section
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Hayward, CA 94544
Phone: (510) 670-5868
Fax: (510) 670-5787**