

Permit Valid on the Following Dates:

_____ to _____
 (day/date) (day/date)

Moving Authorized: (Y/N for each blank)
Saturday: _____ **Sunday:** _____ **Holiday:** _____
Sunrise to 9AM: _____ **9AM to 3:30PM:** _____
3:30PM to Sundown: _____ **Sundown to Sunrise:** _____

Permit Number: _____

County of Alameda (Signature/Date)

Number of Trips: _____ @ \$16.00

COUNTY OF ALAMEDA

Public Works Agency
 399 Elmhurst St., Hayward, CA 94544
 (510) 670-5868 Fax (510) 670-5787

SINGLE TRIP OVERSIZE/OVERWEIGHT MOVE PERMIT

This Permit authorizes a single movement of the designated vehicle/load over the designated County-maintained public roadways (and where indicated, a return unladen haul or tow movement over the same route); all movements shall be subject to 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 on the face of this Permit.

Name & Address of Permittee:

Phone: _____ **Fax:** _____

Name & Address of Permit Service:

Phone: _____ **Fax:** _____

PERMIT RESTRICTIONS: _____

Haul, Drive, or Tow:	For Haul or Tow, a Description of the Load or Equipment:
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A Description of the Hauling, Towing, or Driven Vehicle:

Dist. From Kingpin to Last Axle: _____ Length of Combined Vehicle: _____

The Loaded Dimensions of the Vehicle:

Height:	Width:	Length:	Front Overhang:	Rear Overhang:
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The Loaded Weight of the Vehicle, by Axle:

Axle Number:	1	2	3	4	5	6	7	8	9
No. of Tires:									
Axle Spacing:	xx								xx
Axle Width:									
Weight per Axle:									

Route:

Credit Card Information:	Signature:
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