



230 S. STERLING DRIVE, SUITE 100 MOUNTAIN HOUSE, CA 9539
 (209) 831-2300 / FAX (209) 831-5610
 www.ci.mountainhouse.ca.us

Issued

Mvmt Period to

Hours to

No of Trips

TRANSPORTATION PERMIT APPLICATION

APPLICANT <input type="text"/>	OWNER <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Town <input type="text"/>	Town <input type="text"/>
Phone <input type="text"/> Fax: <input type="text"/>	Phone <input type="text"/> Fax: <input type="text"/>

To Transport

Height Width Length Front/Rear Overhang

AXLE NUMBER	1	2	3	4	5	6	7	8	9
Tires/Axel									
Min, Axle Sp.									
O-O Tires									
Max Wt./Unit									

TRAVEL ROUTE: The applicant shall be responsible for checking the route of travel before sending equipment over the route.

From

To

Via

Please use attached map and indicate route with arrows.

Before a permit can be issued, the applicant must send a copy of: Liability Insurance, Route Map ; and County and State Permits when travel route crosses into the respective jurisdiction.

The applicant in signing below accepts all terms, conditions and restrictions of the Mountain House Community Services District (MHCSD) General Provisions. Certifying also, that hauling units and other requirements are duly registered and identified as required by the State of California Department of Vehicles.

By _____
Applicant