

CITY OF MOUNTAIN VIEW PUBLIC WORKS DEPARTMENT
500 CASTRO STREET • POST OFFICE BOX 7540
MOUNTAIN VIEW, CA 94039-7540
650-903-6311 • E-MAIL: public.works@mountainview.gov

Transportation Permit

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: _____

The following route will be used: _____

PROPOSED EFFECTIVE DATE OF PERMIT: _____ PROPOSED EXPIRATION DATE: _____

Transportation permit requests shall be e-mailed to public.works@mountainview.gov at least 24 hours prior to the proposed effective date of permit.

A copy of the Caltrans and/or County permit shall be attached if the wide load travels on a State or County roadway.

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 one 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.

I HAVE READ THE ABOVE AND ACCEPT ALL CONDITIONS LISTED.

DAWN S. CAMERON
PUBLIC WORKS DIRECTOR

Signature of Applicant

THIS SECTION TO BE COMPLETED BY CITY STAFF

Permit No.: _____ Effective dates of permit: _____

By: _____ Number of pilot cars required: None One Two

Date: _____