TOWN OF LOS GATOS
HAUL PERMIT APPLICATION

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:				**PERMIT VALID:**
NAME				FROM:_____
ADDRESS				TO:_____
CITY/STATE/ZIP				___ NO NIGHT TRAVEL
OFFICE PHONE NUMBER ***(Including Area Code)***		**OFFICE FAX NUMBER** ***(Including Area Code)***		**APPROVED BY:**
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: ____ **HAUL** ____ **DRIVE** ____ **TOW**				**DATE:**
DIMENSIONS OF LOAD:				**PERMIT NO.:**
DESCRIPTION OF THE HAULING EQUIPMENT:				
VEHICLE WIDTH:	**SEMI-TRAILER LENGTH:**	**KINGPIN TO LAST AXLE:**	**COMB. VEHICLE LENGTH:**	
NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW				
LOADED HEIGHT:	**LOADED WIDTH:**	**LOADED OVERALL LENGTH:**	**LOADED OVERHANG:**	**WEIGHT CLASS:**
ORGIN:		**DESTINATION:**		
REQUESTED ROUTE:				
PILOT CAR ___ **YES** ___ **NO**				
CHECK NUMBER:	FEE:	APPLICANT NAME: *(Print)*		EMAIL:
PLEASE WRITE PERMIT NUMBER ON CHECK.		APPLICANT SIGNATURE:		DATE:
CONTACT PERSON: *(Print)*		CONTACT PERSON PHONE:	CONTACT PERSON FAX:	