

SINGLE TRANSPORTATION PERMIT
 CITY OF FOSTER CITY
 PUBLIC WORKS DEPARTMENT – TRAFFIC ENGINEERING DIVISION
 610 FOSTER CITY BLVD.
 FOSTER CITY, CALIFORNIA 94404
 PHONE: (650) 286-3270 FAX: (650) 345-4626

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO: NAME _____ BUSINESS LICENSE # _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE (INCLUDE AREA CODE) _____ FAX (INCLUDE AREA CODE) _____	PERMIT VALID BETWEEN FROM _____ To _____ MOVING AUTHORIZED YES NO SATURDAY <input type="checkbox"/> <input type="checkbox"/> SUNDAY <input type="checkbox"/> <input type="checkbox"/> HOLIDAY <input type="checkbox"/> <input type="checkbox"/> DARKNESS (CVC 280) <input type="checkbox"/> <input type="checkbox"/>	PERMIT NUMBER _____
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<input type="checkbox"/> HAUL	<input type="checkbox"/> DRIVE	<input type="checkbox"/> TOW							
LOAD OR EQUIPMENT AND MODEL NO. _____									
TYPE VEHICLE _____									
KING PIN TO LAST AXLE _____		COMBINED VEHICLE LENGTH _____							
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED									
MAXIMUM HEIGHT LOADED _____	MAXIMUM WIDTH LOADED _____	MAXIMUM OVERALL LENGTH LOADED _____							
		MAXIMUM OVERHANG LOADED FRONT OR REAR _____							
PLEASE PROVIDE COMPLETE INFORMATION – DO NOT USE THE TERM "LEGAL" IN PLACE OF ACTUAL DIMENSIONS									
AXLE NUMBER	1	2	3	4	5	6	7	8	9
# TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
AXLE WIDTH AT TIRE SIDEWALL									
WEIGHT PER AXLE									
ORIGIN _____	DESTINATION _____		# OF TRUCKS COVERED BY THIS PERMIT _____						
OTHER AGENCY(S) PERMIT(S) REQUIRED: [FREEWAY TRAVEL INCLUDING ON/OFF RAMPS REQUIRES STATE TRANSPORTATION PERMITS]									
AUTHORIZED ROUTE: _____									
Approved City Truck Routes ONLY.									

Permittee shall maintain during the life of this permit, (1) comprehensive general liability insurance or commercial general liability insurance written on an occurrence basis providing for a combined single limit of \$1 million, and (2) automotive liability insurance on a comprehensive form covering all owned, non-owned and hired automobiles providing for a combined single limit of \$1 million. Prior and as a condition precedent to the issuance of this permit and exercising any rights under this permit, Permittee shall furnish certificates of insurance and endorsements, as required by City, evidencing general liability and automotive liability insurance coverage on forms acceptable to the City. Each policy of general liability and automotive liability shall provide that the City, its officials, officers, agents, employees and volunteers are declared to be additional insureds under the terms of the policy, but only with respect to the operations performed by Permittee under this permit. A policy endorsement to that effect shall be provided to the City along with the certificate of insurance, showing that the insurance in force will not be canceled, modified or allowed to lapse without thirty (30) days prior written notice to City, on Insurance Services Office, Inc. Form CG 20 10 11 85. All insurance maintained by Permittee shall be issued by companies admitted to conduct the pertinent line of insurance business in the State of California and having a rating of Grade A or better and Class VII or better by the latest edition of Best's Key Rating Guide.

14 FEET IS THE MAXIMUM VEHICLE HEIGHT ALLOWED – IF THE HEIGHT OF THE VEHICLE EXCEEDS 14 FEET, APPLICANT IS RESPONSIBLE FOR ANY DAMAGE TO THE STREET NAME SIGNS WHICH HANG FROM THE SIGNAL MAST ARMS. TWO PILOT CARS ARE REQUIRED FOR ANY VEHICLE EXCEEDING 14 FEET IN HEIGHT	DEPOSIT/FEES
VEHICLES 80 FEET OR GREATER IN LENGTH AND/OR 10 FEET OR WIDER IN WIDTH REQUIRE A PILOT CAR. VEHICLES 100 FEET OR GREATER IN LENGTH AND/OR 12 FEET OR WIDER IN WIDTH WILL REQUIRE TWO PILOT CARS PILOT CAR: YES <input type="checkbox"/> NONE REQUIRED <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> <input type="checkbox"/> ONE <input type="checkbox"/> TWO	SINGLE TRANSPORTATION PERMIT FEE <input type="checkbox"/> PERMITS X FEE \$ 16.00 PAID CHECK # _____ CASH <input type="checkbox"/>
AUTHORIZED CITY AGENT SIGNATURE _____	APPLICANT SIGNATURE _____
DATE _____	