

## TRANSPORTATION PERMIT INSTRUCTIONS

A Transportation Permit (or "Wide Load Permit") must be obtained for any "oversized" vehicle exceeding the legal limits for weight and/or dimension, as defined by the California Vehicle Code (CVC 35783). The City of Indian Wells permit allows the movement of only the vehicle/load described in the approved permit, and only within its city boundaries. Please allow up to 48 hours for approval of your application. The fee for this permit is \$16.00. No annual permits are allowed.

## <u>Instructions:</u>

- 1. Complete attached Transportation Permit Application. Please refer to the included "Truck Route Map" for streets with time restrictions.
- 2. E-mail completed Application, along with a copy of a check in the amount of \$16.00 to the following **two** e-mail addresses:
  - a. mfulson@indianwells.com
  - b. <a href="mailto:dpurvis@indianwells.com">dpurvis@indianwells.com</a>
- 3. If you do not have access to e-mail, you may fax your Application and copy of your check to (760) 346-0407. Please insure your fax is addressed to our Public Works Department.
- 4. Mail or deliver your check in the amount of \$16.00 to:

Attn: Public Works Department City of Indian Wells 44950 Eldorado Drive Indian Wells, CA 92210

- 5. The Public Works Department will issue your Transportation Permit after submittal of the Application and copy of your check. Please allow up to 48 hours (excluding weekends and holidays) for approval or your application and issuance of your Transportation Permit. The Transportation Permit will be e-mailed or faxed to you.
- 6. After your payment is received by the City, the Public Works Department will provide you with a Fee Receipt.

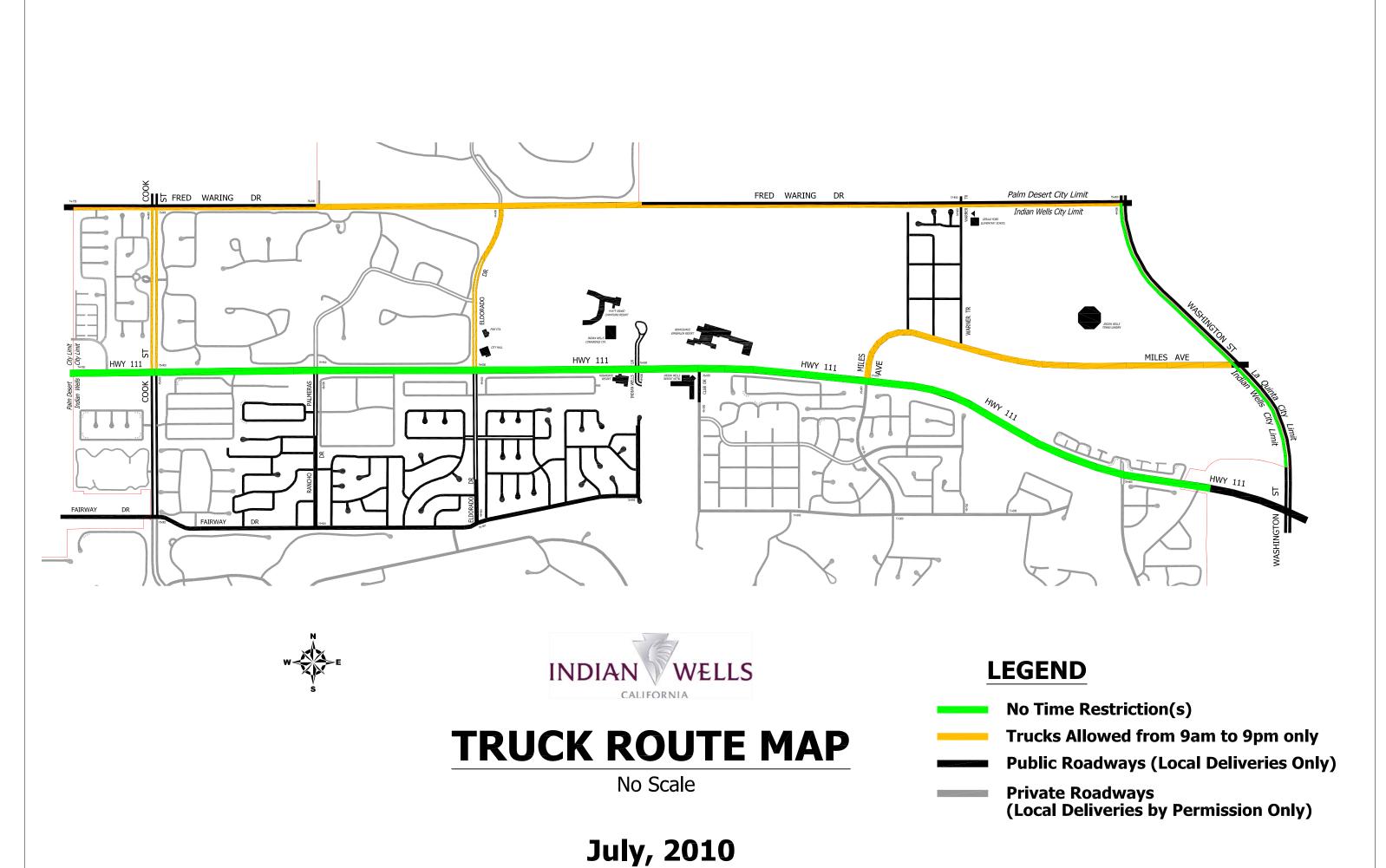


## **TRANSPORTATION PERMIT**

## Public Works Department 44-950 Eldorado Drive Indian Wells, CA 92210

(760) 776-0237 - (760) 346-0407 Fax

					PERMIT VALI	D:		PERMIT NUMBI	ER		
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:  NAME  ADDRESS  CITY/STATE/ZIP  OFFICE PHONE NUMBER(include Area Code) FAX NUMBER (include Area Code)  (SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE Authorization is granted for the following: Haul Drive Tow				FROM:							
				TO:	MOVING AUTHOI	RIZED	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:				
				SATURDAY	<i>t</i> :						
				CHIATO LL	CUNDAN			☐ Holiday Restrictions			
				SUNDAY:	MOVEMENT ALL	OWED					
					TWEEN 9PM ANI	9AM					
				нс шие Агеа соц	e)						
				E DIMENSIONS	OF LOAD)						
DESCRIPTION OF THE LOAI	O OR EQUIPME	ENT AND MODE	L NO.:								
DIMENSIONS OF LOAD:											
DESCRIPTION OF HAULING	EQUIPMENT:										
				VEHICLE WIDTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:			
AXLE NUMBER	1	2	3	4	5	6	7	8	9		
NUMBER TIRES PER AXLE											
DISTANCE BETWEEN AXLES											
WIDTH OF AXLES AT TIRE SIDEWALL					2.5						
MAXIMUM ALLOWABLE WEIGHT											
LOADED DIMENSIONS GREATER THAN THOSE SHOWN BE LOADED HEIGHT: LOADED WIDTH: LOA			OW OR WEIGHTS EXCEEDING THOSE SHOPED OVERALL LENGTH: LOADED OVERHA			T					
ORIGIN: (Include Address of Ori					511400000000000000000000000000000000000	ude Address of Destination)		WEIGHT CEASS.			
	6-9										
REQUESTED ROUT	E.(List ALL	Roads utilized	D•	11							
REQUESTED ROUT	E (List ALL	Roaus utilized									
(NOTE: UNLESS NO OTE	IER ROUTE IS	AVAILABLE, N	O MOVEMENT IS	S ALLOWED	ON ROADWAYS D	ESIGNATED WI	TH TRUCK PR	ROHIBITION SIGNS	)		
Yes No L	EADING 1	PILOT CAI	R REQUIRE	D – LOA	DED HEIGH	T OVER 14	,				
☐ Yes ☐ No T	RAILING	PILOT CA	R REQUIRI	ED – LOA	DED WIDTH	HOVER 10	,				
D 1 2 2 2	n .		execute.								
Please check one of the following: Applican		Applicant's	's Signature:		Fee:		PERMIT NOT VALID				
☐ One Way					<u>\$ 16.00</u>		WITHOUT CITY SEAL AND AUTHORIZED SIGNATURE INSERTED HERE				
□ Round Tr	ip										



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