Permit Fees:

Single Trip

Annual

\$16 \$90

CITY OF LAKE FOREST DEPARTMENT OF PUBLIC WORKS TRANSPORTATION PERMIT



In compliance w		Permit Valid:					Permit Number:										
terms and conditions and restrictions written below and the attachments, permission is hereby granted to:						From:											
attaciments, permission is nereby granted to.																	
Transporter:																	
						To:											
Address:																	
Addicss.					Mov	ing Au	thorized:	7am	Sunset	Attac	hment	c Per	mit Pre	ovision	c		
						(except peak hours per provisions)					Attachments: Permit Provisions						
City/State /Zip:						No Moving: Saturday, Sunday, City Holidays											
							попа	ys									
Phone:						Load or Equipment and Model Number:											
F					-												
Fax:						□ HAUL □ DRIVE □ TOW											
						·OL	_ DINIV		5 1011								
Description of Hauling Equipment:						License Number:											
LOADE	D DIMENS	IONS DIF	FEREN	THAN OR	WEIGHTS	SEXCE	EEDING	THOS	SE SHOWN	BELOW	ARE N	OT AU	HORIZ	ZED			
	VEHICLE WIDTH:						KINGPIN TO LAST AXLE:					COMB. VEHICLE LENGTH:					
AXLE	XLE				1		_				7			9			
NUMBER	1		2	3	4	•	5		6		7		8		9		
NUMBER TIRES																	
PER AXLE																	
DISTANCE													T				
BETWEEN AXLES																	
WIDTH OF AXLES AT TIRE SIDEWALL																	
MAXIMUM					1				1								
ALLOWABLE WEIGHT																	
LOADED HEIGHT:	IEIGHT: LOADED WIDTH: L					DADED OVERALL LENGTH: LOADED OVERH				IANG: WEIGHT CLASS:				S:			
ORIGIN:						DESTINATION:											
AUTHORIZED CIT	Y ROUTE (O	THER CITY	Y, COUNT	TY AND/OR ST	TATE PERN	MITS M	AY BE RE	QUIRE	ΞD):								
PILOT CAR REC	QUIRED:		☐ YE	S 🗆 NO													
☐ WIDTH EXCE	EDING 12'	(REAR PI					.ENGTH	EXCE	EDING 105	' (REAR	PILOT))					
☐ WIDTH EXCE	EDING 14'	(FRONT	& REAR	PILOT)	☐ HEIG	GHT EX	XCEEDII	NG 14	' (FRONT P	ILOT W/	/ERTIC	CAL ME	ASURI	NG DEV	/ICE)		
FFF.		NUMBE		DIDC:	APPLICANT S	SIGNATI	IDE:					DATE:					
FEE:		NUMBE	ER OF T	KIP5: /	AFFLICANT S	JIGINA I I	UILE.					DATE:					
\$																	
☐ CREDIT CARD ☐ CHECK NO						UTHORIZED CITY AGENT:						DATE:					
LI CKEDII CARD	- OHE			 '													
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