

# ►Transportation Permit Request

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**To:** City of Merced Engineering  
**Phone:** 209-385-6846  
**Fax:** 209-385-6211  
**Email:** contactengineering@cityofmerced.org

**Date:**

**From:**

**Phone:**

**Fax:**

**Email:**

**Company Name:**

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## **Checklist of Required Items:**

- Completed Transportation Permit Form
- Copy of Check (fee schedule available online)

**Additional Comments:**



# CITY OF MERCED TRANSPORTATION PERMIT

PERMIT NO. \_\_\_\_\_

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

	PERMIT VALID BETWEEN:	MOVING AUTHORIZED ON:
NAME:	_____ AM/PM TO _____ AM/PM	SATURDAY <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:	_____ AM/PM TO _____ AM/PM	SUNDAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY/STATE:	_____ AM/PM TO _____ AM/PM	SUNSET TO SUNRISE <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:	FROM ____/____/____ TO ____/____/____	HOLIDAY DATE: ____/____/____
REPRESENTATIVES:	ANNUAL: \$ _____	SINGLE TRIP: \$ _____

### EQUIPMENT

<input type="checkbox"/> HAUL	LOAD OR EQUIPMENT								
<input type="checkbox"/> DRIVE									
<input type="checkbox"/> TOW									
VEHICLE TYPE: _____									
KING PIN TO LAST AXLE: _____ COMB. VEHICLE LENGTH: _____									
<b>LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED</b>									
MAX. HEIGHT:	MAX. WIDTH:	MAX. OVERALL LENGTH:	MAX. OVERHANG:						
AXEL NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING	////								////
AXLE WIDTH									
WEIGHT									

### ROUTE

ORIGIN:	DESTINATION:	TRIPS:
AUTHORIZED STREET ROUTE: _____		
<input type="checkbox"/> PILOT CAR REQUIRED – SEE CONDITIONS BELOW <input type="checkbox"/> NO PILOT CAR REQUIRED		

### AS A CONDITION OF THIS PERMIT, THE PERMITTEE SHALL

- NOTIFY [POLICE] (PUBLIC WORKS) DEPT. 24 HRS. BEFORE MOVE AT (209)[385-6912](385-6800).
- AGREE THAT REQUIREMENTS ARE SUBJECT TO CHANGE BASED ON FIELD CONDITIONS.
- AVOID THE COMMUTE HOURS OF 7:30-8:30 AM; NOON-1:00 PM; 4:30-5:30 PM.
- PRIOR TO HOUSE MOVE WITH CITY DESTINATION, OBTAIN BUILDING PERMIT.
- OBTAIN MERCED COUNTY PERMIT FOR COUNTY ROUTES AND CALTRANS PERMIT FOR STATE ROUTES.
- REIMBURSE/PAY FOR EXTRAORDINARY COSTS PER ATTACHMENT \_\_\_\_\_.
- \_\_\_\_\_

I AGREE TO THE ABOVE TERMS, CONDITIONS AND RESTRICTIONS; PERMITTEE: \_\_\_\_\_ AUTHORIZED AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REQUIRED APPROVALS:	INITIALS	DATE	ATTACHMENTS:
<input type="checkbox"/> PUBLIC WORKS	_____	____/____/____	<input type="checkbox"/> _____
<input type="checkbox"/> POLICE	_____	____/____/____	<input type="checkbox"/> _____
IF EXCEEDS 14' HIGH AND/OR EXCEEDS 8'6" WIDE	_____	____/____/____	<input type="checkbox"/> _____
<input type="checkbox"/> REC & PARKS: TREES	_____	____/____/____	<input type="checkbox"/> _____
FAX – INFO. ONLY TO:			<input type="checkbox"/> _____
<input type="checkbox"/> PG&E <input type="checkbox"/> PAC. BELL	_____	____/____/____	
<input type="checkbox"/> MID <input type="checkbox"/> UA CABLESYSTEMS	_____	____/____/____	
			APPROVED, PERMIT AGENT _____ DATE _____