

OVERSIZE LOAD ANNUAL PERMIT

CITY OF GARDENA

PUBLIC WORKS DEPARTMENT
1717 W. 162ND STREET
GARDENA, CA 90247
TEL: (310) 217-9329

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 _____

ADDRESS _____

CITY/STATE _____

PERMIT VALID:

FROM: _____

TO: _____

MOVING AUTHORIZED

SATURDAY _____

SUNDAY **SEE BELOW**

DARKNESS(CVC280): _____

PERMIT NUMBER

A-2016-__

OFFICE PHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER(INCLUDE AREA CODE) _____

(SHOW A DISCRPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSION'S OF LOAD)

AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL DRIVE TOW

VARIES

SPECIAL REQUIREMENTS:

PERMIT CONDITIONS (SEE BELOW)

HOLIDAY RESTRICTIONS

DESCRIPTION OF HAULING EQUIPMENT:
VARIES

				VEHICLE WIDTH:	KINGPIN TO LAST AXLE:		COMB.VEHICLE LENGTH:		
				12' - 0" MAX.	40' MAX.		LEGAL (35401 CVC)		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES	VARIABLE								
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT	LEGAL (35551 CVC)								

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT: LEGAL (35250 CVC)	LOADED WIDTH: 12' - 0" MAX.	LOADED OVERALL LENGTH: LEGAL (35401 CVC)	LOADED OVERHANG: LEGAL	WEIGHT CLASS: NA
ORIGIN NA	DESTINATION NA			

AUTHORIZED ROADS/STREETS/HIGHWAYS

EL SEGUNDO BLVD - FROM THE WEST CITY BOUNDARY TO THE EAST CITY BOUNDARY, EXCEPTING THEREFROM CERTAIN PORTIONS THEREOF LYING OUTSIDE THE CITY; ROSECRANS AVE AND REDONDO BEACH BLVD - FROM THE WEST CITY BOUNDARY TO THE EAST CITY BOUNDARY; MARINE AVE - FROM THE WEST CITY BOUNDARY TO WESTERN AVE; WESTERN AVE, NORMANDIE AVE, AND VERMONT AVE - FROM THE NORTH CITY BOUNDARY TO THE SOUTH CITY BOUNDARY, EXCEPTING THEREFROM CERTAIN PORTIONS THEREOF LYING OUTSIDE THE CITY.

PILOT CAR YES NO

PERMIT CONDITIONS:

PERMITTEE SHALL PAY TO REPAIR ANY DAMAGE TO PUBLIC OR PRIVATE PROPERTY CAUSED BY ANY EQUIPMENT COVERED BY THIS PERMIT.

CONTACT PERSON		APPLICANT SIGNATURE		DATE
PHONE NUMBER (INCLUDE AREA CODE)	FEE \$ 90.00	NUMBER OF TRIPS MULTIPLE	AUTHORIZED AGENCY REPRESENTATIVE	DATE

SPECIAL REQUIREMENTS:

PERMITTEE SHALL NOTIFY THESE DEPARTMENTS 24 HOURS PRIOR TO BEGINNING MOVEMENT WITHIN CITY. POLICE- (310) 217-9670	NO MOVEMENT MON THRU FRI 7:00 TO 9.00 A.M. 11:30 TO 1:00P.M. & 3:30 TO 6:00 P.M.	ISSUED BY: _____
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