The City of **MADERA**

<u>CITY of MADERA</u> <u>ENGINEERING DEPARTMENT</u> 428 E. Yosemite Ave Madera, CA 93638 <u>TeL:</u> (559) 661-5418 - <u>FAX:</u> (559)675-6605

Transportation Permit Requirements

-\$16.00 permit processing fee along with completed application for single trip. Please refer to the City of Madera Approved Truck Route map when planning your trip.

-\$90.00 permit processing fee for annual permit. Please refer to the City of Madera Approved Truck Route map when planning your trip.

If faxed:

-Application is faxed in with a copy of a check made payable to the City of Madera for the permit fee. -Application is then approved or route is adjusted if necessary and a permit is issued and faxed back to applicant.

-When invoice received, applicant mails the check to;

CITY of MADERA ENGINEERING 428 E. Yosemite Ave

Madera, CA 93638

If in person:

-Applicant must visit the City of Madera, Engineering Division at 428 E. Yosemite Ave, Madera, CA to submit an application.

-Turn-around time is usually same day.

The Engineering Division is open Monday through Friday from 8:00am until 5:00pm. We are closed for lunch from 12:00pm until 1:00pm.

Nº-	APPLICATION FOR TRANSPORTATION PERMIT						PERMIT NUM BER			
HT					PERMIT FROM:	VALID:				
	PLEASE COMPLETE AND F		TION BELOW TO.		то:					
MADERA	205 W. FOURTH STREET, MADERA. CA 93637 (559) 661-5418 - PHONE (559) 675-8605 - FAX				MOVE	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:				
NAME	Acceptance of a completed application does not guarantee appro					PERMIT VALID FOR 7 CONSECUTIVE DAYS				
NAME										
ADDRESS					SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.					
CITY/STATE/ZIP					TIMESOFN	IOVEMENT.				
					NO NIGHT TRAVEL					
OFFICE PHONE NUMBER (Including Area Code) OFFICE FAX N					UMBER (Including Area Code)					
DESCRIPTION OF THE	LOAD OR EQUIPME	NT AND MODEL	<u>NÖ. Пн</u> я	UL		Тоw				
DIMENSIONS OF LOAD	D									
DESCRIPTION OF HAU	JLING EQUIPMENT:						┥ ╠ .			
	miser						<u> </u>			
VEHICLE WIDTH:	SEMI-TRAI	LER		KINGPIN LAST AX			OMB VEHICLE ENGTH:	E		
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
NUMBER OF TIRES PER AXLE										
DISTANCE BETWEEN						·				
WIDTH OF AXLES AT										
TIRE SIDEWALL MAXIMUM ALLOWABI										
WEIGHT	NOT TO E	XCEED THE LO	ADED DIMENSIO	INS SHOW	N BELOW OR AXL	E WEIGHTS SHOW				
LOADED HEIGHT:	LOADED WDTH		D OVERALL LEN			DED OVERHANG:		WEIGHT CLAS	S:	
ORIGIN:	1	I		D	ESTINATION					
REQUESTED ROUTE: (INCLUE	DE ADDRESS OF ORIGIN AN									
NEGOLOTED KOOTE. MIGEOL		D DEOTINY INCIN								
PILOT CAR										
	B NO									
AUTHORIZED CITY STAFF (PRINT)					AUTHORIZED CITY STAFF SIGNATURE			DATE		
METHOD OF PAYMENT	FEE	NUME	BER OF TRIPS	CITY ST	TAFF REMARKS					
F PAYING WITH A CREDIT CAI						RIDAY				
A CREDIT CAL	ND, TOO WOOT COWE INTO	SON OFFICE BETWE		יייי הואט טרוען,		NUT .				
APPLICANT (IF DIFFERENT I	FROM ABOVE)				CON	TACT PERSON (PLEAS	SE PRINT)			

The City of Madera Truck Route system is designed primarily for the purpose of overweight loads, and does not necessarily accommodate wider, taller or longer loads. It is the responsibility of the applicant/permittee to verify the requested route can accommodate the load permitted. The applicant/permittee also assumes all responsibility for any injury to persons or damage to public or private property caused directly or indirectly by the transportation of vehicles and loads moving under the authority of this permit. Furthermore, the applicant/permittee agrees to hold the City of Madera and its employees harmless from all suits, claims, damages or proceedings of any kind, as a direct or indirect result of the transportation of the permitted vehicle/load.

