

COUNTY OF SAN BERNARDINO, DEPARTMENT OF PUBLIC WORKS, ROAD PERMIT SECTION
 825 E. THIRD STREET, ROOM #108, SAN BERNARDINO, CA. 92415-0835 (909)387-8046

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:

NO MOVES TO BE MADE
ON HOLIDAYS

TRANSPORTER (PERMITTEE):

CONTACT PERMIT COORDINATOR
REGARDING HOLIDAY MOVES

ADDRESS:

PERMIT WILL NOT BE VALID ON STATE HIGHWAYS
OR WITHIN CITY LIMITS
OF ANY INCORPORATED CITY

CITY/STATE/ZIP:

PHONE :

HCD NO. :

HAUL DRIVE TOW	LOAD OR EQUIPMENT AND MODEL NO.							DATE OF MOVE _____		

DRAWN BY:

MOUNTED ON:

LICENSE NO.:

TOTAL GROSS WEIGHT:

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

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:						
AXLE NUMBERS	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORIGIN:

DESTINATION:

TRIPS:

AUTHORIZED ROADS : click yellow box to show map

PILOT CARS YES NONE REQUIRED

"I hereby agree, as a condition of the granting of this permit to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of the granting of this permit from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Permittee's indemnification obligation applies to the indemnitees' "active" as well as "passive" negligence but does not apply to the indemnitee's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782."

"I declare under penalty of perjury under the laws of the State of California that the statements made herein are true and correct."

Signed _____ Date _____

Signature of Permittee

*By permittee's authorized agent signing the above, the permittee has agreed to all of the terms and conditions mentioned above

CHARGE ACCT # _____
 CASH
 EXEMPT

FEE: \$ _____

AUTHORIZED AGENT'S
SIGNATURE

PRINT NAME

DATE