CITY OF PALM SPRINGS TRANSPORTATION PERMIT

		P-	ermit Valid	Permit No:	>
	CITY OF PALM SPR ENGINEERING SER' DEPARTMENT (760) 323-825	VICES 0000 - 060 0601 - 120	0	Agency Representati	cPs USE ONL
Transporter: Address1: Address2: City / State: Telephone: Fax:		Zip Code:	Saturday: Sunday: 21:00 - 6:00 ONLY E-mail Address:	Permit Applicant Contact:	
Haul: Load: Drive: Tow: Type of Vehicle:					
King Pin - Last Axle: Comb Vehicle Length:					
LOADED DIMENTIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED					
	Max Height:	Ма	x Width:	Max Overall:	
	Max Overhang:	Front	Overhang:	Rear Overhang:	
AXLE NUMBER:	1 2	3 4	5 6	7 8	9
No. Tires: Ax. Spacing: Ax. Width: Ax. Weight:					
Origin:			Destination:		
Authorized Ro	ads / Streets / Highway	/s: * = SEG	MENT OF HIGHWAY R	REQUIRES PERMIT BY OTHER	RS
The CONDITIONS indicated below MUST BE ATTACHED for this permit to be VALID. They may be found at:					
General Permit Conditions Apply: General and Pilot Car Conditions Apply :					
Additional Requirements: GO TO CITY WEBSITE FOR THE LATEST CITY ROAD CLOSURES:					
Trip Ty	pe &				
Amount Du		Permittee's A	Authorized Agent Sig	gnature Date	
By their signature above, permittee agrees to comply with all of the terms, conditions, and restrictions written above along with any attachments hereto. Form Updated: 05/12/2022 CPS Acct. No. 100-32030					