



CITY OF SOUTH LAKE TAHOE  
**SINGLE LOAD TRANSPORTATION  
 PERMIT (1) Day**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OFFICE PHONE NUMBER (include Area Code) \_\_\_\_\_ Email: \_\_\_\_\_

**PERMIT VALID:**  
 FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_  
**MOVING AUTHORIZED:**  
 SATURDAY: \_\_\_\_\_  
 SUNDAY: \_\_\_\_\_  
 DARKNESS (CVC 280): \_\_\_\_\_

**PERMIT NUMBER** \_\_\_\_\_

THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

Permit Conditions CALTRANS PERMIT  
 Holiday Restrictions  
 Other Certificate of Insurance

**Please Allow 2-3 Days for Permit Processing**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following:  Haul  Drive  Tow

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:				KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH		
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

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

LOADED HEIGHT: \_\_\_\_\_ LOADED WIDTH: \_\_\_\_\_ LOADED OVERALL LENGTH: \_\_\_\_\_ LOADED OVERHANG: \_\_\_\_\_ WEIGHT CLASS: \_\_\_\_\_

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

AUTHORIZED CITY STREETS \_\_\_\_\_

No Transport allowed on Venice Drive between Tahoe Keys Blvd. and 15<sup>th</sup> Street and on Lakeview Avenue between US Highway 50 and Harrison Avenue.

PILOT CAR  Yes  No

EXEMPT INFORMATION \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**Please complete the Attached Credit Card Authorization** FEE \$105 # of Trips One (1) AUTHORIZED CITY AGENT \_\_\_\_\_ DATE \_\_\_\_\_

REQUESTED ROUTE (Include Address of Origin and Delivery Site) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_



**CITY OF  
SOUTH LAKE TAHOE**

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize City of South Lake Tahoe to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **City of South Lake Tahoe** to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.