

CITY OF MADERA ENGINEERING DEPARTMENT

428 E. Yosemite Ave Madera, CA 93638 *Tel.*: (559) 661-5418 - *Fax:* (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:

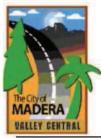
- -Application is faxed in with a copy of a check made payable to the City of Madera for the permit fee.
- -Application is then approved or route is adjusted if necessary and a permit is issued and faxed back to applicant.
- -When invoice received, applicant mails the check to;

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.



APPLICATION FOR TRANSPORTATION

PLEASE COMPLETE AND RETURN THE APPLICATION BELOW TO. CITY OF MADERA, ENGINEERING DIVISION

FROM:		
TO:		
	MOVEMENT	0.00
	AUTHORIZED:	THIS PERMIT IS NOT VA

PERMIT NUMBER

PERMIT VALID:

MADERA J	MADERA, CA 93637 (559) 661-5418 - PHONE (559) 672-8805 - FAX							MOVEMENT AUTHORIZED: PERMIT VALID FOR 7 CONSECUTIVE DAYS SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT. NO NIGHT TRAVEL				THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:				
NAME							-						ä.			
CITY/STATE/ZIP													_			
OFFICE PHONE NUME	BER (Inclu	ding Area	Code)		OFFICE F	AX NUMI	BER (II	ncluding Are	a Code)		7 i				_	
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. HAUL								DRIVE TOW								
DIMENSIONS OF LOAD	D										-	╚				
DESCRIPTION OF HAL	JLING EQI	UIPMENT:														
VEHICLE WIDTH:	SEMI-TRAILER LENGTH:				KINGPIN TO LAST AXLE:					OMB VEHICLE ENGTH:						
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NUMBER OF TIRES PER AXLE		4	L							, 1						
DISTANCE BETWEEN AXLES WIDTH OF AXLES AT	-4					Т		\perp					1			
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LOADED HEIGHT:	LOADED	MDTH		LOADE	O OVERALL I	LENGTH:		LOADED OVERHANG				WEIGHT CLASS:				
ORIGIN:							DE	STINATION								
REQUESTED ROUTE: (INCLUI	DE ADDRESS	OF ORIGIN A	ND DESTINA	TION)		<u> </u>										
)																
PILOT CAR.		ı														
YE:	s <u> </u>	NO														
AUTHORIZED CITY	STAFF (P	RINT)				AL	JTHOI	RIZED CITY	STAFF SI	GNATURI	E		Di	ATE		
METHOD OF PAYMENT	F \$	EE		NUMB	ER OF TRIP	S CI	TY STA	AFF REMARK	3							
IF PAYING WITH A CREDIT CA	RD, YOU MUS	ST COME INTO	OUR OFFIC	E BETWEE	EN THE HOURS (OF 8AM AND	5PM, N	MONDAY THROU	IGH FRIDAY.				•			
APPLICANT (IF DIFFERENT	FROM ABOV	E)							CONTACT PE	RSON (PLEA	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.

Applicant Printed Name Applicant Signature Date

