

CITY of MADERA
ENGINEERING DEPARTMENT
205 W. 4TH STREET MADERA, CA 93637
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;

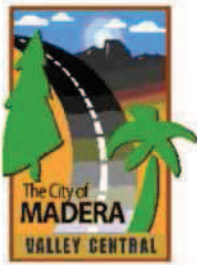
CITY of MADERA
ENGINEERING
205 W. 4th Street
Madera, CA 93637

If in person:

- Applicant must visit the City of Madera, Engineering Division at 205 W. Fourth Street, 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 PERMIT

PLEASE COMPLETE AND RETURN THE APPLICATION BELOW TO:
 CITY OF MADERA, ENGINEERING DIVISION
 205 W. FOURTH STREET,
 MADERA, CA 93637
 (559) 691-5418 - PHONE
 (559) 675-8605 - FAX
 Acceptance of a completed application does not guarantee approval.

PERMIT VALID: FROM: _____ TO: _____ MOVEMENT AUTHORIZED: PERMIT VALID FOR 7 CONSECUTIVE DAYS SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT. <input type="checkbox"/> NO NIGHT TRAVEL	PERMIT NUMBER THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Including Area Code) _____ OFFICE FAX NUMBER (Including Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. HAUL DRIVE TOW

DIMENSIONS OF LOAD _____

DESCRIPTION OF HAULING EQUIPMENT: _____

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

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DESTINATION)

PILOT CAR YES NO

AUTHORIZED CITY STAFF (PRINT) _____ AUTHORIZED CITY STAFF SIGNATURE _____ DATE _____

METHOD OF PAYMENT _____ FEE \$ _____ NUMBER OF TRIPS _____ CITY STAFF REMARKS _____

IF PAYING WITH A CREDIT CARD, YOU MUST COME INTO OUR OFFICE BETWEEN THE HOURS OF 8AM AND 5PM, MONDAY THROUGH FRIDAY.

APPLICANT (IF DIFFERENT FROM ABOVE) _____ CONTACT PERSON (PLEASE PRINT) _____


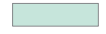


The City of Madera Truck Route system is designed primarily for the purpose of overweight loads, and does not necessarily accommodate wider, taller or longer loads. It is the responsibility of the applicant/permittee to verify the requested route can accommodate the load permitted. The applicant/permittee 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 _____



CITY OF MADERA TRUCK ROUTES

Legend

-  City Limits_09
-  Fresno River
-  Truck Routes
-  City Roads

