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City of Calimesa Public Works Department

Oversize Load Permit

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS, REQUIREMENTS AND RESTRICTIONS OF THE CITY OF CALIMESA MUNICIPAL CODE CHAPTER 12 AND CALIFORNIA VEHICLE CODE DIVISION 15, AND ANY SPECIAL CONDITIONS WRITTEN BELOW, **PERMISSION IS HEREBY GRANTED** TO PERMITTEE LISTED TO PERFORM THE ACTIVITES DESCRIBED:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Office Phone Number: _____
(Include Area Code)

Office Fax Number: _____
(Include Area Code)

Description of the Load or Equipment and Model No.: _____

Dimensions of Load: _____

Description of Hauling Equipment: _____

Vehicle Width: _____ Kingpin to Last Axle: _____

Semi-Trailer Length: _____ Comb Vehicle Length: _____

Loaded Height: _____ Loaded Width: _____

Origin: _____ Destination: _____

Requested Route: _____

Applicant Signature: _____ Date: _____

Mailing Address: _____

Email Address: _____

THIS SECTION TO BE COMPLETED BY DEPARTMENT OF PUBLIC WORKS

Special Conditions: _____

By: _____ Date: _____

For Office Use Only
Permit Number: _____
Permit Fee: _____
Permit Valid for 7 Consecutive Days
From: _____