CITY OF DANA POINT
PUBLIC WORKS – ENGINEERING SERVICES
33282 Golden Lantern, Suite 212
Dana Point, Ca 92629
ph 949.248.3574
fax 949.234.2826

TRANSPORTATION PERMIT APPLICATION

Annual ☐   Single Trip ☐

Applicant / Agent – Company Name:	Email:

Address:	City	State:	Zip:

LAST 4 DIGITS CREDIT CARD NO. [ ]	**Do not transmit full credit card number Via email or FAX – use phone only	Applicant or Credit Card Contact PHONE:

Transporter: (If different than applicant)	Type:

Address:	City:	State:	Zip:

License Class / Number:	Phone:

TRANSPORTATION DATA

☐ Haul   ☐ Tow   ☐ Drive   Pilot Car: ☐ Yes   ☐ No

Description of Hauling Equipment *(Include description of load or equipment and model number. Include dimensions of load)*

HAUL DATE(S):

Axle Number	1	2	3	4	5	6	7	8	9
Number of tires per axle									
Width of axels at tire sidewall									

Maximum allowable weight		Total Cu Yds Material	

Loaded Height:	Loaded Width:	Loaded Overall Length:	Loaded Overhang:	Weight Class:

ORIGIN:

DESTINATION:
_____
_____

***NOTE: HAUL ROUTE WILL BE DETERMINED BY CITY TRAFFIC ENGINEER AND PROVIDED TO APPLICANT WHEN PERMIT IS ISSUED.**

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.

Print Name: _____   ☐ Owner ☐ Contractor ☐ _____
Company Name

Signature: _____   Date Signed : _____

--- F O R   C I T Y   U S E   O N L Y ---

MOBILE HOME :	LOAD OVER 20'-WIDE:	CONDITIONS OF APPROVAL:	APPROVED BY CITY TRAFFIC DIVISION:
☐ Yes ☐ No	☐ Yes (see §12.04.180 of DPMC) ☐ No	☐ STANDARD TRANSPORTATION ☐ SPECIAL	