CITY OF SOUTH SAN FRANCISCO TRANSPORTATION PERMIT FORM DM-M-P-16

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:							PERMIT VALID BETWEEN AM PM AND SUNSET MOVING AUTHORIZED:				nit No) :		
NAME								Υ	ES NO					
ADDRESS						SATURDAY								
CITY/STATE/ZIP		_			S	SUNDAY								
OFFICE PHONE NO.	HDC NO.				SUNSET TO SUNRISE				Authoirz	zed City	Representative			
LOAD OR EQUIPMENT AND MODEL NO.											TELECOPIED PERMITS NOT VALID WITHOUT SEAL			
Haul:														
Drive: Tow:														
TYPE OF VEHICLE:														
KINGPIN TO CI LAST AXLE: LE				OMB. VEHICLE ENGTH:					BENDIN	G STATION	1	RECEIVING STATIC	N	
		•							<u> </u>					
LOADED DIMENSIONS	DIFFERENT T	HAN OR WEIG	SHTS E		HOSE	SHOWN	BELOW ARE			HORIZ	ZED			
MAX MAX HEIGHT: WIDTH:		MAX OVERALL LENGTH:					IAX VERHANG	·-						
				5	6		7	\dashv	8			9		
NUMBER TIRES			4											
AXLE SPACING														
AXLE WIDTH						•								
WEIGHT												I		
ORIGIN:				DESTINATION:								TRIPS		
AUTHORIZED CITY STREETS:														
PILOT CAR: YES NONE REQUIRED							_	ATTACHMENTS:						
								_	_	PER	MIT C	ONDITIONS		
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CASH	I CERTIFY THA	T ALL COUNTY	AND/OF	R CITY TRANSP	PORTAT	ION PERM	ITS	十						
CHARGE FEE:	HAVE BEEN OF	BTAINED IF THIS	S PERMI	T IS FOR TOWI	ING A M	IOBILEHOI	ME.							
EXEMPT														
	PERMIT A	UTHORIZED AG	ENT (SI	GNATURE)	_	DATE								