



**CITY OF BERKELEY
OVERSIZED LOAD PERMIT**

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:

FROM:

TO:

Please complete application and upload to the City of Berkeley's [online portal](#)

For status of your permit, please call: 510-981-7010

FOR OFFICIAL USE ONLY

Permit # _____

Date ____/____/____

MOVING AUTHORIZED:

SATURDAY: YES NO

SUNDAY: YES NO

DARKNESS: YES NO (CVC 280)

COMPANY NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER (INCLUDE AREA CODE)

FAX NUMBER (INCLUDE AREA CODE)

CONTACT PERSON AND CONTACT INFO

SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO – INCLUDE DIMENSIONS OF LOAD

Authorization is granted for the following: Haul Drive Tow

DESCRIPTION OF HAULING EQUIPMENT

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS
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VEHICLE WIDTH:	KINGPIN TO LAST AXLE:	COMB. VEHICLE LENGTH:
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AXLE NUMBER	1	2	3	4	5	6	7	8	9
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NUMBER TIRES PER AXLE									
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DISTANCE BETWEEN AXLES									
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WIDTH OF AXLES AT THE SIDEWALL									
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MAXIMUM ALLOWABLE WEIGHT	
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ORIGIN:	DESTINATION:
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PILOT CAR YES NO IF YES, BOTH FRONT & BACK? YES NO

REQUESTED ROUTE – NOTE: OTHER AGENCY PERMITS ARE REQUIRED WHEREVER AN * IS SHOWN IN THE ROUTE

NUMBER OF TRIPS (ROUND TRIP = 2)

AUTHORIZED CITY AGENT

DATE

GENERAL REQUIREMENTS:

1. Notify Department of Public Works/Transportation three (3) business days before move is to commence.
2. Leave one copy of this permit with the Police Dept.
3. Keep one copy of this permit with the load.

I HERBY AGREE to indemnify and hold harmless the City of Berkeley and its officers and employees from any and all claims arising from or out of the work connected with this permit, and to perform all work in accordance with all City and State laws and ordinances, particularly the Vehicle Code, State of California, and shall obey and enforce all safety orders, rules and recommendations of the Division of Industrial Safety of the State of California, and shall conduct the entire operation to the satisfaction of the Director of Public Works.

APPLICANT SIGNATURE

DATE