MOVING PERMIT APPLICATION

CITY OF INGLEWOOD, PUBLIC WORKS DEPARTMENT MP **19** -

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

TRANSPORTER		PERMIT VALID BETWEEN	
ADDRESS		_____ AM PM _____/_____/_____	
		AND SUNSET _____/_____/_____	
CITY/STATE		MOVING AUTHORIZED YES NO	
PHONE	HCD. NO.	SATURDAY ☐ ☐	_____ AUTHORIZED AGENCY REPRESENTATIIVE
		SUNDAY ☐ ☐	
		SUNSET TO SUNRISE ☐ ☐	

☐ HAUL	LOAD OR EQUIPMENT AND MODEL NO.	TELECOPIED PERMITS NOT VALID WITHOUT SEAL.
☐ DRIVE		
☐ TOW		
TYPE VEHICLE		

KING PIN TO LAST AXLE	COMB. VEHICLE LENGTH	SENDING STATION	RECEIVING STATION

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
WEIGHT									

ORIGIN	DESTINATION	TRIPS

AUTHORIZED ROADS/STREET/HIGHWAYS - OTHER AGENCY PERMIT'S REQUIRED

PILOT CAR ☐ YES ☐ NONE REQUIRED

Moving Permit Fees: $35.00 per move $150.00 annual

☐ CASH FEE
☐ CHARGE:
☐ EXEMPT $

_____ ____/____/____
PERMITTEES AUTHORIZED AGENT (signature)

ATTACHMENTS

- ☐ PERMIT CONDITIONS
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____