

APPLICATION FOR MOVING PERMIT

COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC WORKS
 5510 OVERLAND AVENUE, SUITE 110
 SAN DIEGO, CA 92123

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- MOBILE HOME
- EQUIPMENT
- BUILDING

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:		PERMIT VALID BETWEEN ____ AM ____ / ____ / ____ ____ PM ____ / ____ / ____		_____ AUTHORIZED AGENCY REPRESENTATIVE					
TRANSPORTER		MOVING AUTHORIZED YES NO SATURDAY <input type="checkbox"/> <input type="checkbox"/> SUNDAY <input type="checkbox"/> <input type="checkbox"/> SUNSET TO SUNRISE <input type="checkbox"/> <input type="checkbox"/>							
ADDRESS									
CITY/STATE									
PHONE		FAX							
<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		LOAD OR EQUIPMENT AND MODEL NO.							
						TYPE OF VEHICLE			
				KING PIN TO LANT AXLE:		COMB. VEHICLE LENGTH:			
LOADED DIMENSIONS DIFFERENT THAN OF 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									
AXLE WIDTH									
WEIGHT									
ORIGIN					DESTINATION			TRIPS	
AUTHORIZED ROADS/STREETS/HIGHWAYS						★ = OTHER AGENCY PERMIT/S REQUIRED			
1.			2.			3.			
4.			5.			6.			
7.			8.			9.			
10.			11.			12.			
PILOT CAR		<input type="checkbox"/> YES		<input type="checkbox"/> NON REQUIRED					
FAX #									
EMAIL ADDRESS									
PERMIT OWNER AUTHORIZED AGENT (SIGNATURE)					_____ / ____ / ____ DATE				