CITY OF REDONDO BEACH
DEPARTMENT OF ENGINEERING & BUILDING SERVICES
TRANSPORTATION PERMIT

PERMITTEE	
NAME:	
STREET ADDRESS:	
CITY / STATE / ZIP:	
PHONE:	
CITY BUSINESS LICENSE:	EXPIRES:

RECEIPT NO.	PERMIT NO.
PERMIT TYPE: ☐ OVERSIZE ☐ OVERWEIGHT	

TIME

_____ AM PM ___/___/___	SATURDAY: ☐ YES ☐ NO
AND SUNSET ___/___/___	SUNDAY: ☐ YES ☐ NO
	SUNSET TO SUNRISE: ☐ YES ☐ NO

ROUTE

ORIGIN:	TO:	TO:	TO:
TO:	TO:	DESTINATION:	NO. OF TRIPS:

EQUIPMENT

VEHICLE TYPE:			HAUL	LOADER EQUIPMENT AND MODEL NO.:
LICENSE NO.:	TRAILER NO.:	HCD NO.:	DRIVE	
KING PIN TO LAST AXLE:	COMB. VEHICLE LENGTH:		TOW	
MAXIMUM HEIGHT:	MAXIMUM WIDTH:	MAXIMUM LENGTH:	MAXIMUM OVERHANG:	MAXIMUM WEIGHT:

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

PILOT CAR: ☐ FRONT ☐ REAR ☐ NO	FLAGMAN: ☐ YES ☐ NO	OVERSIZE SIGN: ☐ FRONT ☐ REAR	OVERWEIGHT SIGN: ☐ FRONT ☐ REAR
INSPECTION: ☐ YES ☐ NO	INSPECTION FAILED	@ _____ AM PM ___/___/___	

WORK SHEET

FEES

	PERMIT FEE	
	SERVICE CHARGE	
	INSPECTION FEE	
	TOTAL FEES	

ATTACHMENTS

	COPY	EXPIRES
	PERMITTEE'S CA ID	
	INSURANCE CERTIFICATE	
	PERMIT GUIDELINES	

I, THE PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, AND STATE THAT THE INFORMATION THAT I HAVE GIVEN ABOVE, IS CORRECT. I, THE PERMITTEE, HEREBY AGREE TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, AND REGULATIONS, INCLUDING THE ATTACHED GUIDELINES OF THIS PERMIT.

_____ _____

PERMITTEE OR PERMITTEE'S AUTHORIZED AGENT *DATE*

_____ _____

ISSUED BY *DATE*