Print Form

# MOVING PERMIT NO. _____

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:

**NAME**

**ADDRESS**

**CITY/STATE/ZIP CODE**

**OFFICE PHONE NUMBER**
**( )**

**FAX NUMBER**
( )

**PERMITTEE OR AUTHORIZED AGENT**

Signature:_____ Date:_____

**PERMIT VALID:**

FROM:

TO:

**MOVING AUTHORIZED:**

| | YES | NO |
|---|---|---|
| SATURDAY: | ☐ | ☐ |
| SUNDAY: | ☐ | ☐ |
| DARKNESS: | ☐ | ☐ |

THIS PERMIT IS VALID ONLY IF STAMPED AND SIGNED BY CITY AUTHORIZED REPRESENTATIVE.

DESCRIPTION OF THE LOAD OR EQUIPMENT: ○ HAUL ○ DRIVE ○ TOW

LICENSE PLATE NUMBER:

**VEHICLE LOAD DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED**

| **TYPE OF VEHICLE:** | **SEMI-TRAILER LENGTH:** | **KINGPIN TO LAST AXLE:** | **COMB. VEHICLE LENGTH:** |
|---|---|---|---|

| **AXLE NUMBER** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|---|---|---|---|---|---|---|---|---|---|
| **NUMBER OF TIRES PER AXLE** | | | | | | | | | |
| **DISTANCE BETWEEN AXLES** | | | | | | | | | |
| **WIDTH OF AXLES AT TIRE SIDEWALL** | | | | | | | | | |
| **MAX. ALLOWABLE WEIGHT** | | | | | | | | | |

| MAXIMUM HEIGHT: | MAXIMUM WIDTH: | MAXIMUM OVERALL LENGTH: | LOADED OVERHANG: |
|---|---|---|---|

| ORIGIN (CITY/TOWN AND ON RAMP/CROSS ST.) | DESTINATION (CITY/TOWN AND EXIT RAMP/CROSS ST.) | NO. OF TRIPS |
|---|---|---|

APPROVED ROUTE
(SEE REVERSE SIDE)

**A CURRENT CERTIFICATE OF AUTO LIABILITY INSURANCE FOR ONE MILLION DOLLARS IS REQUIRED PRIOR TO ISSUING THIS PERMIT**

AUTO/TRUCK LIABILITY INSURANCE:

APPROVED ☐

EXPIRATION DATE:

HOLD HARMLESS AGREEMENT:

In consideration of the granting of this permit, it is agreed by the applicant that the City of Poway, wherein the move is to be performed, and any of their officers or employees thereof shall be saved harmless by the applicant from any liability or responsibility for any accident, loss, damage or injuries to persons or properties happening or occurring as the proximate result of any of the work undertaken under the terms of this application and permit which may be granted in response thereto, and that all of said liabilities are hereby assumed by the applicant. Applicant further agrees that in case of damage to the highways and roads by reason of the permit operations, to reimburse the City for the cost of repairing or restoring the facilities to their original conditions. I certify that all state, county and/ or city moving permits will be obtained in conjunction with this permit.

PILOT CAR: YES ☐ QUAN. ___ NO ☐

CASH ☐

CHECK ☐

CHECK # _____

FEE:

ANNUAL ☐

SINGLE ☐

THIS PERMIT IS APPROVED BASED ON THE INFORMATION CONTAINED HEREIN

ISSUED BY:

DATE:

PERMIT CONDITIONS: _____

_____

_____

_____

City of Poway, Engineering Division – Phone: 858 668-4600, Fax: 858 668-1211

## Haul Route & Oversized Load Standards

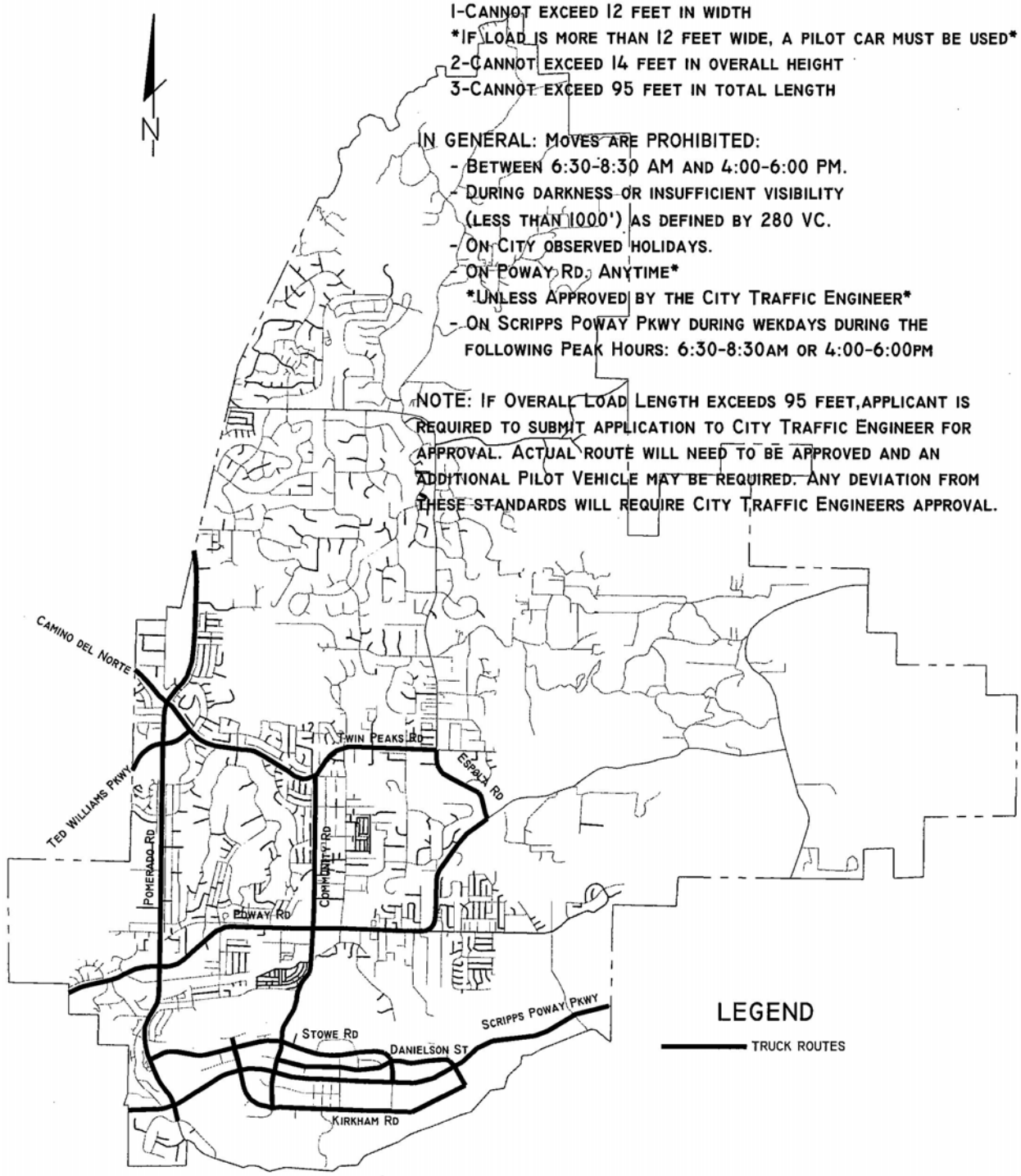
All moves of equipment, materials or structures within Poway City Limits must meet the following standards:

1-Cannot exceed 12 feet in width
*If load is more than 12 feet wide, a pilot car must be used*
2-Cannot exceed 14 feet in overall height
3-Cannot exceed 95 feet in total length

In general: Moves are prohibited:

- Between 6:30-8:30 AM and 4:00-6:00 PM.
- During darkness or insufficient visibility (less than 1000') as defined by 280 VC.
- On City observed holidays.
- On Poway Rd. Anytime*
  *Unless Approved by the City Traffic Engineer*
- On Scripps Poway Pkwy during wekdays during the following Peak Hours: 6:30-8:30am or 4:00-6:00pm

NOTE: If Overall Load Length exceeds 95 feet, applicant is required to submit application to City Traffic Engineer for approval. Actual route will need to be approved and an additional Pilot Vehicle may be required. Any deviation from these standards will require City Traffic Engineers approval.




# Hauling & Oversized Load Routes/Standards

CITY OF POWAY
THE CITY IN THE COUNTRY