



# CITY OF SOUTH PASADENA

## Public Works Department

1414 Mission Street - South Pasadena - Ca. 91030 - (626) 403-7240

email: [publicworkspermits@southpasadenaca.gov](mailto:publicworkspermits@southpasadenaca.gov)

### OVERSIZE / OVERLOAD PERMIT APPLICATION

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT FEE: \$ 19.00/ trip, \$90.00/ year

PERMISSION IS HEREBY GRANTED TO: \_\_\_\_\_

To Move On: Height (ft) \_\_\_\_\_ Width (ft) \_\_\_\_\_ Length (ft) \_\_\_\_\_ Weight (tons) \_\_\_\_\_

Mounted On: \_\_\_\_\_ Driven by: \_\_\_\_\_

From :( Location) \_\_\_\_\_ To (Destination): \_\_\_\_\_

On: \_\_\_\_\_ To: \_\_\_\_\_

On: \_\_\_\_\_ To: \_\_\_\_\_

WHICH WILL REQUIRE THE USE OF THE PUBLIC STREETS DURING THE FOLLOWING DAY, TIME, AND HOURS

DAY \_\_\_\_\_ TIME \_\_\_\_\_ HOUR \_\_\_\_\_

IT IS HEREBY AGREED BY THE UNDERSIGNED PERMITTEE THAT IN THE EVENT OF ANY DAMAGE DONE TO CITY OWNED OR PRIVATE OWNED PROPERTIES BY REASON OF THESE OPERATIONS, PERMITTEE WILL PAY ANY AND ALL EXPENSES INCURRED TO MAKE REPAIRS TO RESTORE THE SAID TO ORIGINAL CONDITION.

BY: (Permittee) \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: \_\_\_\_\_ fax: \_\_\_\_\_

City Bus. Lic. No.: \_\_\_\_\_ State Lic. No.: \_\_\_\_\_

A copy of the following current items is required prior to issuance of a Public Works permit:

- Certificate of General Liability Insurance Naming The City Of South Pasadena As Additional Insured. (Minimum combined limit of \$1,000,000.)

Cc: Police Dept.

Fire Dept.