OVERSIZE LOAD ANNUAL PERMIT

CITY OF GAI	RDENA	<u> </u>			[555		/A.I.ID		PFF	RMIT NU	MBFR	
PUBLIC WORKS DEPARTMENT 1717 W. 162ND STREET					PERMIT VALID:								
GARDENA, CA 90247 TEL:(310)217-9329						FROM:					2040	•	
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE						то:				A-2018			
TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:					MOVING AUTHORIZED								
NAME										ECIAL REOL	IIREMENTS:		
						SATURDAY SEE BELOW				SPECIAL REQUIREMENTS:			
ADDRESS					SUNDAT					X PERMIT CONDITIONS (SEE BELOW)			
CITY/STATE						DARKNESS(CVC280):				HOLIDAY RESTRICTIONS			
OFFICE BUONE NUMBER (NO. 115									-] HOLIDA]	AT RESTRICTIONS		
OFFICE PHONE NUMBER (INCLUE	JE AREA CODE)		FAX NUMBE	:R(INCLUL	E AREA CC	DDE)]]			
(SHOW A DISCRIPTION OF THE LO		_								']			
AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL X DRI					VARIES								
		VARIES											
DESCRIPTION OF HAULING EQUIP	PMENT: VARIES												
		VEHICLE KINGPIN TO LAST AXLE: 40' M.					COMB.VEHICLE LENGTH:						
					WIDTH:	12' - 0" MAX					· · ·	5401 CVC)	
AXLE NUMBER	1	2		3	4	5		6	7	7	8	9	
NUMBER TIRES PER AXLE						5 E							
DISTANCE BETWEEN AXLES				IA	RIA	APL	-		•				
WIDTH OF AXLES AT TIRE SIDEWALL				VII.									
MAXIMUM ALLOWABLE													
WEIGHT	LEGAL (35551 CV	(C)										
LOADED DIMEN			SE SHOWN B			EXCEEDING THOS	SE SHO\	WN ABOVE ARE	NOT AUTH	ORIZED			
LOADED HEIGHT: LOADED WIDTH: L									LEGAL	GAL WEIGHT CLASS: NA			
origin NA					DESTINATION NA								
AUTHORIZED ROADS/STREETS/I	HIGHWAYS				1								
EL SEGUNDO BLVD - FI THEREOF LYING OUTS CITY BOUNDARY; MARI AVE - FROM THE NORT OUTSIDE THE CITY.	IDE THE CIT	Y; ROSEC OM THE W	RANS AVI VEST CITY	E AND F Y BOUN	REDOND DARY TO	O BEACH BL\ D WESTERN A	/D - FF NVE, W	ROM THE WI VESTERN A\	EST CITY /E, NORN	′ BOUNI MANDIE	DARY TO TH AVE, AND V	IE EAST /ERMONT	
PILOT CAR YES	X NO												
DEDMIT CONDITIONS													
PERMITTEE SHALL PA	YY TO REP/	AIR ANV F	DAMAGE	TO PI	IBLIC O	R PRI\/∆TF I	PROF	PERTY CAL	ISED RV	/ ANY F	OUIDMEN	T COVERED	
BY THIS PERMIT.	(I TO ILLI)		37 (IVI) (OL	. 1010	DEIO O	1	1101	LITTI OAG	OLD D	71111	LQOII WILL	II OOVENED	
CONTACT PERSON					Labbiton	NT SIGNATURE					DATE		
CONTACT FERSON					APPLICA	NI SIGNATURE					DATE		
PHONE NUMBER (INCLUDE AREA CODE) FEE					AUTHOR	AUTHORIZED AGENCY REPRESENTATIVE					DATE		
SPECIAL REQUIREMENTS:		Ψ 00.00											
PERMITTEE SHALL NOTIFY THE	NC	NO MOVEMENT MON THRU FRI 7:00 TO 9.00 A.M. ISSUED BY:											
24 HOURS PRIOR TO BEGINNIN POLICE- (310) 217-9670		11:30 TO 1:00P.M. & 3:30 TO 6:00 P.M.											