

**Haul Route Permit Application**  
**Department of Transportation**  
**200 East Santa Clara Street**  
**San Jose, CA 95113**  
**Phone: (408) 535-3850**  
**Fax: (408) 292-6090**



<b>Part I: Applicant Information</b>	
Name:	Phone Number:
Organization/Company:	Fax Number:
<b>Part II: Project Information</b> <input type="checkbox"/> Borrow <input type="checkbox"/> Fill	
Project Name:	Project Address:
3- or Tract Number:	Project Site Phone Number:
City Inspector Name:	Phone Number of Inspector:
<b>Part III: Haul Route Information</b>	
Name of hauling contractor: _____ Phone number of contractor: _____	
Total quantity and type of material being hauled: _____	
Estimated number of round trips per day: _____	
Estimated number of tons or cubic yards per trip: _____	
The Requested Days, Dates, and Times of the Haul Operation:	
Requested Days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	
Requested Date(s):	From: _____ To: _____
Requested Hour(s):	From: _____ To: _____
Requested route(s) from project site to the haul route destination (in addition please attach a map with the highlighted route):	
Requested route(s) from the haul route destination to the project site (in addition please attach a map with the highlighted route):	

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_