

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



Part I: Applicant Information		Project Manager:	
Name: _____		Phone Number: _____	
Organization/Company: _____		Fax Number: _____	
Part II: Project Information <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: _____	
Part III: Haul Route Information			
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) through City of San Jose streets (Please attach a map with the highlighted route):			
From project site to the haul route destination:		From the haul route destination to the project site:	
Route 1		Route 1	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	
Route 2		Route 2	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	
Department of Transportation Authorization			
Permit Number: _____ Approved by: _____ Date: _____			