



HAUL ROUTE PERMIT APPLICATION

Permit No.: _____

Company Name: _____	Telephone No.: _____
Address: _____	24-HR Phone No.: _____
City, State: _____ Zip: _____	Contact Person: _____

Export Permit #: _____	Site Address: _____
Import Permit #: _____	Site Address: _____
Planchecker: _____	Inspector: _____
Material to be hauled: _____	
Dates From: _____ To: _____	Quantity: _____ yd ³ No. of Trucks: _____
Type of Trucks: _____	
Origin: _____	Destination: _____

The permittee guarantees to save, indemnify, and hold harmless the City of Encinitas and all its agents, officers, employees, and officials against all liabilities, judgements, costs, and expenses which may in any manner or form arise in consequent of the issue of this permit or any work performed in consequence thereof.

APPLICANT'S SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

FOR CITY USE ONLY

Route through Encinitas: _____

Map Attached? Y / N (circle one)

Additional Conditions: _____

Certificate of Insurance:

Carrier Company: _____ Coverage: \$ _____

Policy No. _____ Expiration Date: _____

Approved by: _____ Date: _____

Extension approved by: _____ Date: _____