

# Transportation Permits

**CITY OF NEWARK, CALIFORNIA**

**ENGINEERING DIVISION**

37101 Newark Blvd, Newark, CA 94560 • 510-578-4589 • Fax 510-578-4243 • [public.works@newark.org](mailto:public.works@newark.org)

Permits are required in the City of Newark for the movement of any oversize or overweight load as defined by the California Vehicle Code. Transportation Permits are issued by the Public Works Department during the hours of 8:00 a.m. to 5:00 p.m. and can be obtained by mail, online or by email [public.works@newark.org](mailto:public.works@newark.org). Complete and return a completed permit application, together with the necessary fee and proof of financial responsibility to [public.works@newark.org](mailto:public.works@newark.org). Performance Bonds are not required for Transportation Permits.

A copy of a valid Transportation Permit must be carried within the vehicle moving an oversize or overweight load.

## Permit Fees

The permit fee for a single trip is \$16.00 and must begin and end within seven days from the date of issuance. An annual permit can be obtained for a fee of \$90.00 and is valid for a period of one year from the date of issuance.

## Routes

Transportation permits for single trips must include the anticipated route to be used for the oversize movement. Annual Transportation Permits do not include routes unless the route for each move is identical. Wherever possible, all oversize movements must be on truck routes.

## Proof of Financial Responsibility

In accordance with AB 4228, the City of Newark can and does require proof of financial responsibility prior to the issuance of a Transportation Permit. Proof of financial responsibility can be provided by any of the means listed in Section 16028 of the California Vehicle Code. The simplest means is by providing a copy of a Certificate of Insurance indicating the name of the surety or insurance company, the policy number, and the amount of coverage. The City of Newark need not be listed as additional insured. A copy of this Certificate of Insurance can be faxed to the City at (510) 578-4243.

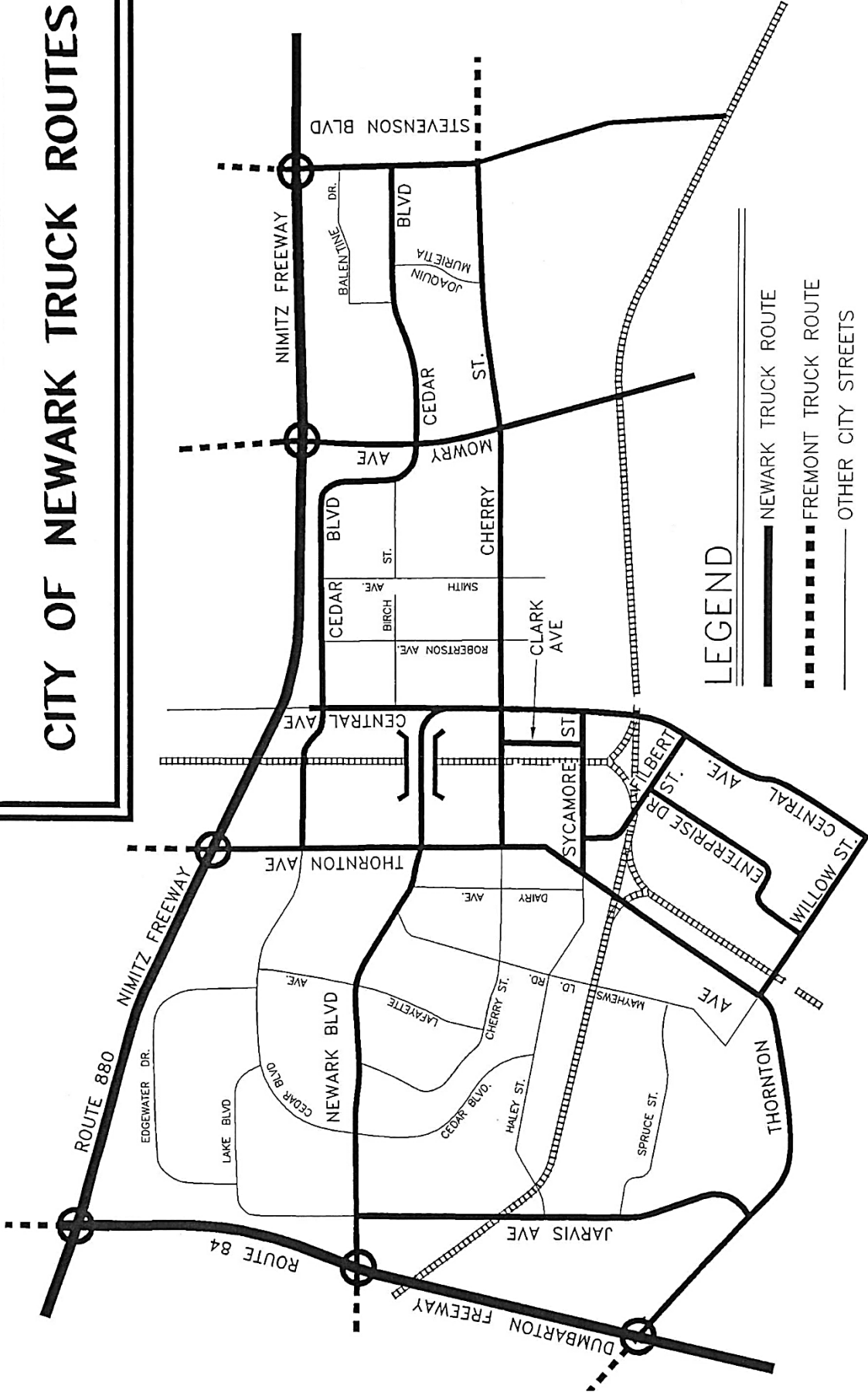
In accordance with the requirements of the California Vehicle Code and the California Department of Transportation, the minimum limits of insurance the contractor shall maintain shall be no less than:

1. *Comprehensive General Liability:*  
\$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage; or
2. *General Liability:*  
\$1,000,000 per accident for bodily injury, bodily injury/more than one person, and property damage.

## Additional Information

Additional information regarding Transportation Permits can be obtained by calling the Public Works Department at (510) 578-4589 or emailing [public.works@newark.org](mailto:public.works@newark.org).

# CITY OF NEWARK TRUCK ROUTES



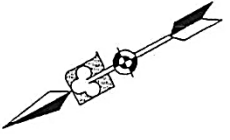
## LEGEND

- NEWARK TRUCK ROUTE
- FREMONT TRUCK ROUTE
- OTHER CITY STREETS
- RAILROADS
- FREEWAY AND INTERCHANGES

Height Limit: 16'  
 Width Limit: 12'  
 Length Limit: 120'

\*Pilot car needed for measurements over these limits

For more info, please email [public.works@newark.org](mailto:public.works@newark.org)





**TRANSPORTATION PERMIT**  
**CITY OF NEWARK ENGINEERING**  
 37101 Newark Blvd., Newark, California 94560-3796

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

**PERMIT VALID:**  
 FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_  
**MOVING AUTHORIZED:**  
 SATURDAY        YES  
 SUNDAY        YES  
 DARKNESS        YES

**CITY OF NEWARK PERMIT NUMBER**  
 \_\_\_\_\_  
**CITY OF NEWARK APPROVAL**  
 \_\_\_\_\_  
*Signature*  
**INSURANCE EXPIRATION DATE**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE PHONE NO. (INCLUDE AREA CODE) \_\_\_\_\_ FAX NO. (INCLUDE AREA CODE) \_\_\_\_\_

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD  
 Authorization is granted for the following:  HAUL  DRIVE  TOW

DESCRIPTION OF HAULING EQUIPMENT

AXLE NUMBER	VEHICLE WIDTH			KINGPIN TO LAST AXLE		COMB. VEHICLE LENGTH			
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

LOADED HEIGHT	LOADED WIDTH	LOADED OVERALL LENGTH	LOADED OVERHANG	WEIGHT CLASS
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ORIGIN \_\_\_\_\_ DESTINATION \_\_\_\_\_

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE \* IS SHOWN IN THE STATE ROUTE

**ROUTE THROUGH THE CITY OF NEWARK (BE SPECIFIC) NOTE: MUST BE CITY-APPROVED TRUCK ROUTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PILOT CAR  YES  NO

\_\_\_\_\_

\_\_\_\_\_

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE    FEE \$    NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE (include Address of Origin and Delivery Site)

\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_



City of Newark

# PAYMENT AUTHORIZATION FORM

37101 Newark Blvd. Newark, CA 94560

Office: (510) 578-4310 | Fax: (510) 578-4358 | Email: [finance@newark.org](mailto:finance@newark.org)

Note: Submit this form to finance with your invoice for payment. At the completion of the transaction, this authorization form will be securely destroyed.

FROM: \_\_\_\_\_

Customer/Business/Company

\_\_\_\_\_  
Address

DESCRIPTION OF PAYMENT:

PAYMENT AMOUNT: \_\_\_\_\_

(Payments of \$15,000 or more are not permitted and cannot be split between multiple credit card payments.)

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CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DEBIT/CREDIT CARD NUMBER: \_\_\_\_\_

PAYMENT TYPE: VISA MASTER CARD

EXPIRATION DATE: \_\_\_\_\_ CVC NUMBER: \_\_\_\_\_  
(mm/yyyy)

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this form, I authorize the City of Newark to charge the debit/credit card for the amount indicated above, on or after the indicated date, and is valid for one-time use only. I certify that I am an authorized user of this debit/credit card and that I will not dispute the payment with my debit/credit card company so long as the transaction corresponds to the terms indicated in the form.