

## **Multiple Trip Permit Application**

Traffic Operations Section 6911 No. 3 Road, Richmond, BC V6Y 2C1 Email: TrafOps@richmond.ca

richmond.ca Contact 604-204-8707

A minimum of three (3) business days (Mon-Fri, excluding holidays) notice is required to process a Permit request.

Fee: \$109.00

Application for a Permit under Part VI of *Traffic Bylaw 5870* is hereby made to the Planning and Development Division to operate the following described vehicle for the purpose herewith stated.

Name of Applicant:

Address:

Telephone No.:				_	Fax	or Email:							
Vehicle Make:				Model:			Licen	Licence No.:					
Type of Vehicle:		<ul><li>□ Single Vehicle</li><li>□ Full-Trailer</li><li>□ Flatdeck</li><li>□ Semi-Trailer</li></ul>		□ Lowbed □ Crane □ Other (please specify): □ Description of Load:									
Overall Vehicle &	Width:				m Length:			m	Heig	ght: m			
Load Dimensions*	Gross Ve	ehicle Weig	ht:		kg Front Proj.: (Cranes)			Rear Proj.: m (Cranes) m					
	Axle Details (only required if overweight)										Total		
	1	2	3	4	5	6	7	8	}	9	lotai		
Axle Weight*													
Axle Spacing*													
No. of Tires													
Tire Size													
*Metric ONLY  Permit will be valid on arterial classified streets as identified by the City of Richmond road classification map, except where weight restrictions are posted (see current CV Weight and Speed Restriction Schedule) and any other streets being the most direct route between the nearest arterial street and the points of origin and destination; but not including arterial streets during the periods 7:00am to 9:00am and 3:30pm to 6:00pm.  Date/s Permit is Requested for:													
Signature of Applicant					Da	te							
For Office Use Permit Issued: Number: Remarks:					Date:			By:	·				