



ENGINEERING DEPARTMENT

HAUL ROUTE PERMIT

Permit No.: _____

REQUIRED FOR MORE THAN 90 CY OR 3 TRIPS – NO FEE

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

Building Permit #: _____	Site Address: _____
Grading Permit #: _____	Site Address: _____
Plan checker: _____	Inspector: _____
Material to be hauled: _____	
Dates From: _____ To: _____	Quantity: _____ yd ³ No. of Trucks: _____
Type of Trucks: _____	
Origin: _____	Destination: _____

The permittee guarantees to indemnify and hold harmless the City of Solana Beach and all its agents, officers, employees, and officials from and against all liabilities, judgments, costs, and expenses that may in any manner or form arise from the issuance of this permit or any work performed pursuant to this permit.

APPLICANT'S SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

FOR CITY USE ONLY

Route through Solana Beach: _____

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: _____