



City of
Richmond

Multiple Trip Permit Application

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

www.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: \$100.00

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:** _____ **Licence No.:** _____

Type of Vehicle:

<input type="checkbox"/> Single Vehicle	<input type="checkbox"/> Lowbed
<input type="checkbox"/> Full-Trailer	<input type="checkbox"/> Crane
<input type="checkbox"/> Flatdeck	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Semi-Trailer	<input type="checkbox"/> Description of Load: _____

Overall Vehicle & Load Dimensions*	Width: _____ m		Length: _____ m		Height: _____ m					
	Gross Vehicle Weight: _____ kg		Front Proj.: (Cranes) _____ m		Rear Proj.: (Cranes) _____ m					
	Axle Details (only required if overweight)									Total
	1	2	3	4	5	6	7	8	9	
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 7:00 a.m. to 9:00 a.m. and 3:30 p.m. to 6:00 p.m.

Date/s Permit is Requested for: _____ **to** _____

Signature of Applicant

Date

For Office Use

Permit Issued: Number: _____ **Date:** _____ **By:** _____

Remarks: _____