

**City of Moreno Valley**  
**14177 Frederick Street**  
**Moreno Valley, CA 92552**  
**(951) 413-3140**

## **OVERSIZE LOADS**

### **TYPES OF PERMITS ISSUED**

- 1. Annual Permits** are valid from the date of issuance to the expiration date not to exceed three hundred and sixty-five (365) consecutive calendar days. Loads covered by annual permits shall not exceed fifteen (15) feet in width, sixteen (16) feet in height, one hundred twenty-five (125) tons in gross weight and one hundred thirty-five (135) feet in length, and conforming to the weight, axle number, and wheel loading requirements of the State as provided in the California Vehicle Code, Section 35550 and 35551. Note: A list of all license numbers of the vehicles to be covered by this permit shall be attached to the application.
- 2. Annual Permits (Route Specific)** are issued for loads between fifteen (15) and eighteen (18) feet wide, sixteen (16) and eighteen (18) feet high and are limited to specific route.
- 3. One-Way Permits (Within Limits)** are valid for a maximum of three (3) consecutive calendar days. The load shall not exceed the limitations listed under the “Annual Permits” section.
- 4. One-Way Permits (Over Limits)** are issued for loads exceeding the limitations listed under the “Annual and One-Way Permits” sections. **Over Limit Loads** will be reviewed by the City’s Traffic Engineering section on a case by case basis. The permittee may require (if greater than 16” in width or 18” in height) an escort by the City. In addition, the permittee may be restricted to the Super Load route, as defined by the City Engineer. If it is determined that a City escort is necessary, an additional fee to cover overtime costs (with a four hour minimum) will be required. The fee is based upon standard overtime rates per the City’s annual adopted compensation fee schedule as approved by the City Council.

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## **OVERSIZE LOADS**

### **SPECIAL PROVISIONS**

1. The City requires a minimum of two working days to process and issue oversize load permits. Over limit loads will require three working days for reviews and approval.
2. The City of Moreno Valley assumes no duty and makes no representation regarding the route selected or as to the safety on any proposed route. It is the duty of all permit applications to insure the proposed route will be of adequate height, width, and safe for the needs of the oversized load. This includes contacting utilities to resolve potential conflicts with any surface mounted or overhead facilities.
3. Applicant shall save, keep, and hold harmless to the City of Moreno Valley, its officers or agents from all damages, cost or expenses in law or equity that may at any time arise or be set up because of or in the course of performing work authorized by this permit which may be occasioned by act or omission of the permittee.
4. All permits issued shall be of original nature with no items being crossed out or changed.
5. Permit is only valid for designated truck routes with exception to site, and/or delivery within city limits. These routes are subject to review by the City Engineer.
6. The City Engineer or his representative may at the time of issuance of said permit, reduce the gross weight limitations stated herein, provided the specific designated City truck routes to be used in moving said oversize loads would, in the City Engineer's opinion, be materially damaged. In addition, it is the responsibility of the permittee to maintain valid insurance throughout the duration of the permit. The minimum amount of liability insurance required is one million dollars. Also, the City shall be listed as additional insured under the policy. Failure to maintain current insurance shall cause the permit to be null and void.



**City of Moreno Valley**  
**OVERSIZE LOAD PERMIT APPLICATION**

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

**FEE SCHEDULE**

- ANNUAL \$
- SINGLE TRIP \$
- VARIANCE \$
- CITY ESCORT \$

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PERMIT VALID:

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

TO: \_\_\_\_\_

MOVEMENT AUTHORIZED:

SATURDAY: \_\_\_\_\_

SUNDAY: \_\_\_\_\_

DARKNESS: \_\_\_\_\_  
 (CVC280): \_\_\_\_\_

PERMIT NUMBER

\_\_\_\_\_

OFFICE PHONE NUMBER (Including Area Code) \_\_\_\_\_ OFFICE FAX NUMBER (Including Area Code): \_\_\_\_\_

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: \_\_\_\_\_

HAUL  DRIVE  TOW

DIMENSIONS OF LOAD: \_\_\_\_\_

DESCRIPTION OF HAULING EQUIPMENT: \_\_\_\_\_

VEHICLE WIDTH: \_\_\_\_\_ SEMI-TRAILER LENGTH: \_\_\_\_\_ KINGPIN TO LAST AXLE: \_\_\_\_\_ COMB. VEHICLE LENGTH: \_\_\_\_\_

MAXIMUM ALLOWABLE WEIGHT \_\_\_\_\_

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									

**NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

LOADED HEIGHT: \_\_\_\_\_ LOADED WIDTH: \_\_\_\_\_ LOADED OVERALL LENGTH: \_\_\_\_\_ LOADED OVERHANG: \_\_\_\_\_ GROSS WEIGHT: \_\_\_\_\_

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED

**PERMIT VALID FOR POSTED TRUCK ROUTES ONLY**  
 with local access for pickup/delivery according to Section 35703 of the CVC

**REQUESTED ROUTE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Bridges Note:

PILOT CAR(S) REQUIRED  YES  NO **\*\*\*PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE\*\*\***

Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.

APPLICANT CONTACT PERSON (PRINT)			APPLICANT SIGNATURE		DATE
INSURANCE EXP. DATE	FEE	NUMBER OF TRIPS	AUTHORIZED CITY AGENT		DATE

**NOTE TO APPLICANT:** The accuracy of this permit is your responsibility. Make sure the application is correct and all the conditions and special requirements are included. Each vehicle MUST possess its original permit.



**City of Moreno Valley**  
**OVERSIZE LOAD PERMIT APPLICATION**

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PERMIT NUMBER

**ADDITIONAL AXLE INFORMATION:**

AXLE NUMBER	9	10	11	12	13	14	15	16	17
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									

**ADDITIONAL REQUIREMENTS - CONDITIONS - ROUTING INFORMATION**

PRODUCER  
**SAMPLE**  
**Insurance Broker**  
**Address**  
**City/State/Zip**  
**Phone/Fax**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insurers shall be rated a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered.

**INSURERS AFFORDING COVERAGE**

INSURED  
**Business Name**  
**Address**  
**City/State/Zip**  
**Phone Number/Fax Number**

INSURER A: General Liability Insurance  
INSURER B:  
INSURER C: Worker's Compensation Insurance  
INSURER D:  
INSURER E:

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS R LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$1,000,000
	___ COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 500,000
	___ CLAIMS MADE ___ X OCCUR				MED EXP (Any one person)	\$
	_____				PERSONAL & ADV INJURY	\$1,000,000
	_____				GENERAL AGGREGATE	\$2,000,000
	_____				PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN=L AGGREGATE LIMIT APPLIES PER: ___ POLICY ___ PROJECT ___ LOC					
**						
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
	___ ANY AUTO				BODILY INJURY (Per person)	\$
	___ ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	___ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	___ HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<b>GARAGE LIABILITY</b>				OTHER THAN EA ACC	\$
	___ ANY AUTO				AUTO ONLY: AGG	\$
	___					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	___ OCCUR ___ CLAIMS MADE				AGGREGATE	\$
	___ DEDUCTIBLE					\$
	___ RETENTION \$					\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS= LIABILITY</b>				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$500,000
					E.L. DISEASE - POLICY LIMIT	\$500,000
					E.L. DISEASE-EA EMPLOYEE	\$500,000
	<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
The City of Moreno Valley, the City of Moreno Valley Community Services District, and the Moreno Valley Housing Authority, their officers, employees and agents are named as additional insured. This insurance is primary and non contributory in regards to the general liability.

<b>CERTIFICATE HOLDER</b> Additional Insured: Insurer Letter:	<b>CANCELLATION</b>
NAME AND ADDRESS OF CERTIFICATE HOLDER: City of Moreno Valley 14177 Frederick Street PO Box 88005 Moreno Valley, CA 92552	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

**INSURED:**  
**POLICY NUMBER:**

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED--OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

Name of Person or Organization:  
City of Moreno Valley  
City of Moreno Valley Community Services District  
Moreno Valley Housing Authority  
14177 Frederick Street  
PO Box 88005  
Moreno Valley, CA 92552

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your work for that insured by or for you.

Signature

Authorized Representative

# OVERSIZE LOAD

## PERMIT LIABILITY INSURANCE REQUIREMENTS

Each permittee must provide proof of appropriate public liability and property damage insurance along with naming the City of Moreno Valley, the City of Moreno Valley Community Services District AND the Moreno Valley Housing Authority as an additional insured.

**THIS REQUIREMENT SHALL BE MET BY EITHER THE APPLICANT (DEVELOPER, OWNER, PUBLIC UTILITY OR FRANCHISE) OR BY THE CONTRACTOR\* PERFORMING THE SUBJECT WORK, PRIOR TO BEGINNING ANY OF THE WORK PROPOSED UNDER THE SUBJECT ENCROACHMENT PERMIT. INSURANCE REQUIREMENT DOES NOT APPLY TO HOMEOWNER SIGNING FOR OWN PERMIT.**

Proof of coverage shall be by certificate (ACORD or Equivalent) naming the **City of Moreno Valley, the City of Moreno Valley Community Services District and the Moreno Valley Housing Authority** as certificate holder, and stating that the certificate holder is an additional insured **AND** providing a rider (Additional Endorsement) stating that the **City of Moreno Valley, the City of Moreno Valley Community District and the Moreno Valley Housing Authority** are additionally insured.

The minimum coverage shall be as outlined below and all other provisions per section 7-3 Liability Insurance, of the most current edition of the Standard Specifications for Public Works Construction.

<b>BODILY INJURY</b>	<b>\$500,000</b> <b>\$500,000</b> <b>\$1,000,000</b>	<b>EACH PERSON</b> <b>EACH OCCURRENCE</b> <b>AGGREGATE PRODUCTS &amp;</b> <b>COMPLETED OPERATIONS</b>
<b>PROPERTY DAMAGE</b>	<b>\$500,000</b> <b>\$500,000</b>	<b>EACH OCCURRENCE</b> <b>AGGREGATE</b>

A combined single limit policy with aggregate limits in the amount of \$1,000,000 will be considered equivalent to the required minimum limits.

**The general liability insurance carrier shall be a California admitted carrier with a rating A-, VII, or better.**

**\*Note:** When the insurance is provided by the Contractor, the owner/developer AND the City (all three entities) must both be shown as additionally insured.