



City of Lake Elsinore
Department of Public Works
130 S Main Street, Lake Elsinore, CA
951-674-3124 fax 951-674-8761

Haul Route Questionnaire

Must be completed for Import/Export over 2,500 cubic yards

Job Address: _____

Legal Description Tract/Parcel: _____ Lot(s): _____

Import: _____ cubic yards Export: _____ cubic yards

From: _____ address To: _____ address

From: _____ APN(s) To: _____ APN(s)

Loaded Truck Route: _____

Empty Truck Route: _____

Location of Staging Area: _____ street name, onsite, etc

Max Number of Trucks Staged: _____

Type of Truck: Bottom Dump 10 Wheeler Dump 5-Axle
 18-Wheeler Truck and Trailer

Total # of trips per day: _____ (a) Truck Capacity: _____ cubic yards (b) Total of cy per day: _____ (a) x (b) = c

Total # of hauling days: _____ Total Export/Import: _____

Proposed Hauling Days:

M	T	W	Th	F
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check

Hours: From _____ am To _____ pm

Owner's Name: _____ **Phone:** _____

Address: _____

Applicant's Name: _____ **Phone:** _____

Address: _____

Hauling Contractor's Name: _____ **Phone:** _____

Address: _____

Applicant's Signature

Print Name

Date