

## **Building Move Application**

Regional Office						Date			
Applicant (Mover)									
Address									
City		State	Zip	 Zip		Phone (Include Area Code)			
Proposed Route (State Highway, County Roads, and City Streets)									
Total Distance of Move	Starting Point Er				Endir	nding Point			
Proposed Move Date	StartingTime Er					nding Time			
Type of Building				No. of Sto	f Stories Plaster			No. of Rooms	
Type of Construction (frame, brick, stucco, etc.)  Roof  On Of							On Off		
Maximum Width (Loaded)				Maximum Height (Loaded)					
Total Length (Incl.Towing/Power Unit)			Est. Gr	Est. Gross Weight of Loaded Configuration					
Power Unit(s) Description									
Dolly(s) Description (No. of axles, tire types and sizes, etc.)									
Other Apparatus									

_	m the top view of the hauling configuration in t dem axles, and a dotted outline to show how the	•						
	llowing must be included with this application a efore the scheduled move:	and submitted to the region at least ten (10) working						
1.								
		ed traffic delays, lane restriction, movement of						
2.	overhead obstacles, and provisions for emergency vehicles to navigate around the load.  2. Copy of certification of inspection from Washington State Patrol on hauling equipment.							
3.								
4.	·							
5.								
I, the applicant named on page 1 of this application, certify that the information given in, and supplied with, this application is true and correct, and that I will comply with the conditions of the special permit, if issued.								
Signature of Applicant								
Inspec	cted By	Reviewed By						
Bridge Condition Approval (if necessary)		Regional Administrator Approval						