

## **Application For Building Move**

Transportation Division Traffic Operations Section

## Contact 604-276-4388 Fax 604-276-4132

										\$50.00 8350-16
Name of Applicant	.:									
Telephone: No.:					Tow Vehicle Licence No.:					
Fax No.:					Type of	Vel	hicle:			
Transporting:					Building	Pe	rmit No.:			
Structure Dimension	on: Widt	th	_ m	Length		m	Height	_ m		
Loaded Dimension	ı: Widt						Height and peak of roof)		Weight	kg
Move Date Reques	sted:									
Move From:										
Via:										
Signature of Applicant				_		Di	ate			
	•	-		-			erdays, Sundays 2:00 a.m. and		•	
For Office Use										
Building Permit No.		BC Hydro Approval Per:				D			Parks Per:	
		Date:			Da	Date:			Date:	
	Permit I	ssued			Re	maı	rks			
Number D		Date Per								

