Town of South Bruce Peninsula

315 George Street, PO Box 310 Wiarton ON N0H 2T0 Phone 519-534-1400 Toll Free 1-877-534-1400 Fax 519-534-4976

Application for Move Permit

This application form is to be used for all requests for moving of heavy vehicles, loads, objects or structures in excess of the dimensional limits and weight limits as set out in the Highway Traffic Act, R.S.O. 1990, Chapter H.8, Section 110.

| Name of Applicant: | | | |
|--|---|---|-------------------------|
| Mailing Address: | | | |
| Phone Number: | | | |
| E-mail Address: | | | |
| Property Address: | | | |
| Date of Move: | | | |
| Moving Route: | | | |
| | | | |
| | , | | |
| | * must attach map show | ving exact route | |
| Agencies Notified: | | | |
| | | | |
| Item Being Moved: | | | |
| | description, dimensions, s | specific details | |
| Corporation of the Town any possible damage to damage occur, the cost the security amount to be | n of South Bruce Peninsula as s the roadway resulting from the s of repair shall first be charged | One Thousand Dollars (\$1500.00) with the security in full or part, to cover the cost of remove as determined by the Town. Should against the security, with any costs in except shall be returned in whole or part after the with this clause. | epairing d ess of |
| | | suant to the Town's Fee By-Law, as may be collected by the Town of South Bruce Per | |
| Applicant Signature | | Date | _ |

| Office Use Only | | Permit Number | |
|---------------------------------|------------------|--------------------|--------|
| Fee Received | Deposit Received | | |
| Status of Permit: Approved | Denied | Permit Expiry Date | |
| A) Initial Inspection Date: | | | |
| Municipal Conditions and/or Ins | | | |
| | | | |
| | | | |
| Town Official Signature: | | | |
| B) Post Inspection Date: | | | |
| Comments: | | | |
| | | | |
| Security Deposit Return: | | | |
| Town Official Signature | Dat | ie | Amount |
| Applicant Signature | <u></u> Dat | te | |