

House Move Permit Application

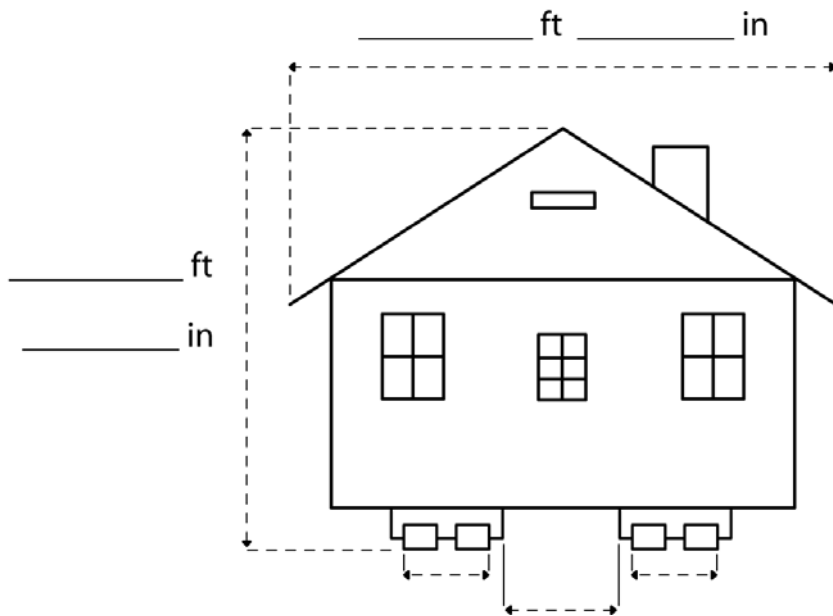
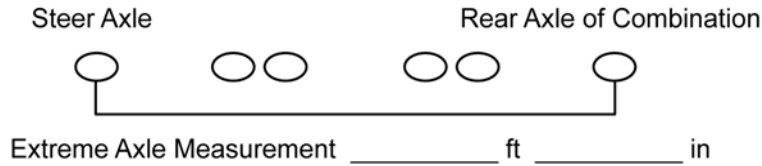


**DEVELOPMENT
SERVICES
DEPARTMENT**

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Litchford Satellite Office | 8320 – 130 Litchford Road | Raleigh, NC 27601 | 919-996-4200

Housemover License Number				
Applicant			Phone	
Address				
City		State		Zip
License #			Gross License Weight	
Make		Serial		Total Axles
Liability Insurance Company			Bodily Injury Amount \$	
Property Damage Amount \$		Bonding Company		Bond Amount \$
Gross Weight	Equipment		Building	Combined Gross Weight
Gross Weight	Axle 1	Axle 2		Axle 3
Gross Weight	Axle 5	Axle 6		Axle 7
Axle Spacing	1 to 2 _____ ft _____ in	2 to 3 _____ ft _____ in		3 to 4 _____ ft _____ in
Axle Spacing	5 to 6 _____ ft _____ in	6 to 7 _____ ft _____ in		7 to 8 _____ ft _____ in
Loaded Dimensions				
Length	Overall of Comb _____ ft _____ in		Building Structure _____ ft _____ in	
Height	_____ ft _____ in		Rear Overhang _____ ft _____ in	
Width	Overall including Overhang _____ ft _____ in		Building Structure w/o Overhang _____ ft _____ in	

List all appropriate information on drawings:



House Code Measurements (to be given in feet and inches)

Code 1

Code 2

Code 3

Type Construction

Outside Walls

Inside Walls

Number of Chimneys

Floor

Roof

Furniture

Number of Stories

Origin

Destination

Requested Route(s) of Travel

I will be traveling on State Roads and my permit number is _____

I will not be traveling on State Roads.

I certify the information given is correct; the vehicle(s) listed is properly licensed; the vehicle owner(s) has met all financial responsibility requirements; the operator is properly licensed to operate the vehicle in the State of North Carolina, and the mover is properly licensed in accordance with G.S. Chapter 20-356 through 20-372.

Signed

Title

Date

Travel Plan
Specific plan reference how traffic will be handled:
Requested time of segment/entire move
Justification
Planned use of escort vehicle(s)
Notification to Law Enforcement personnel requesting assistance (Explain)
Other remarks relating to safe movement of house

Office Use Only
Inspections
Date In: _____ Date Out: _____ Approved by: _____
Comments: _____

Transportation
Date In: _____ Date Out: _____ Approved by: _____
Comments: _____

Police
Date In: _____ Date Out: _____ Approved by: _____
Comments: _____
