

House Move and Oversized Equipment Permit Application



**DEVELOPMENT
SERVICES
DEPARTMENT**

Development Services Customer Service Center | 1 Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2495
Litchford Satellite Office | 8320 – 130 Litchford Road | Raleigh, NC 27615 | 919-996-4200

For Office Use Only		Transaction Number		Group Number	
Movers License Number					
Applicant				Phone	
Address			Email		
City		State		Zip	
License #		Gross License Weight			
Make		Serial #		Total Axles	
Liability Insurance Company			Bond Company		
Property Damage Amount \$		Bodily Injury Amount \$		Bond Amount \$	

Vehicle Information

Gross Weight	Equipment	Building	Combined Gross Weight	
Gross Weight	Axle 1	Axle 2	Axle 3	Axle 4
Gross Weight	Axle 5	Axle 6	Axle 7	Axle 8
Axle Spacing	1 to 2 _____ ft _____ in	2 to 3 _____ ft _____ in	3 to 4 _____ ft _____ in	4 to 5 _____ ft _____ in
Axle Spacing	5 to 6 _____ ft _____ in	6 to 7 _____ ft _____ in	7 to 8 _____ ft _____ in	

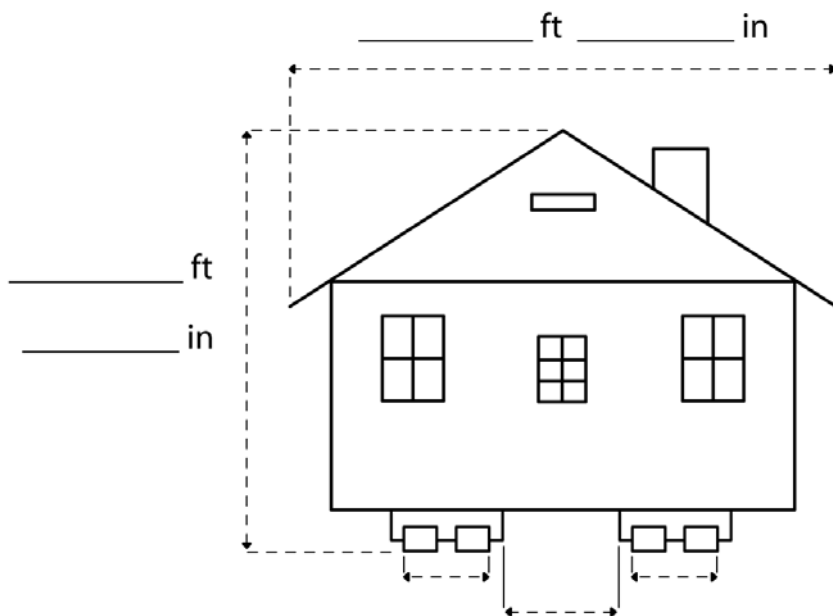
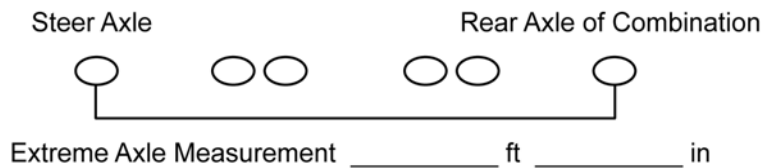
Load Dimensions

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

Travel Information

TRAFFIC CONTROL COMPANY			
Name:		Contact during move:	
Email:		Phone:	
REQUESTED DATE AND TIME OF MOVE			
From (mm/dd/yy):		To (mm/dd/yy):	
Time from:		Time to:	
ELECTRICAL COMPANY FOR TRAFFIC SIGNALS			
Name:		Contact during move:	
Email:		Phone:	
ESCORT VEHICLES (list number of vehicles needed)			
Company Vehicle: YES	Total Number	Raleigh Police Department: YES	Total Number
Sheriff Department: YES	Total Number	State Highway Patrol: YES	Total Number

Provide all appropriate information on drawings:



House Code Measurements (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 (Include Map of route)

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

I will not be traveling on State Roads.

Please complete prior to submission

ParkLink (Parking spaces downtown Raleigh)

Date In: _____ Date Out: _____ Approved by: _____

Comments: _____

Raleigh Department of Transportation

Date In: _____ Date Out: _____ Approved by: _____

Comments: _____

Raleigh Police Department

Date In: _____ Date Out: _____ Approved by: _____

Comments: _____

Other Law Enforcement Agencies

Date In: _____ Date Out: _____ Approved by: _____

Comments: _____

TO BE COMPLETED BY APPLICANT

The following items are required to process the Permit

YES

NO

N/A

All Departments have signed off

NCDOT approval is hereby included

A map of the proposed route is attached (required)

I understand that a plan review fee is required prior to processing the application and plans

It is the applicants responsibility to adhere to all Local, State, and Federal regulations

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 and is otherwise in compliance with G.S. Chapter 20-356 through 20-372.

Signed

Title

Date