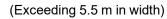
LARGE BUILDING MOVE APPLICATION FORM



(Exceeding 5.5 m in width)

NAME AND ADDRES	S OF REGISTI	ERED OWNER OF	TRUCK	
			PHONE FAX	
			Trvt	
NAME AND POLICY NUMB	BER OF INSURAN	CE COMPANY:		
DETAILS OF MOVE				
ORIGIN			DESTINATION	
PREFERRED ROUTE				
LOAD DESCRIPTION				
TRUCK AND TRAILE	R INFORMATI	ON		
	YEAR	MAKE	SERIAL NUMBER (Last six digits)	-
TRUCK				_
TRAILER (if applicable)				
OVERALL DIMENSIONS (i	in metres)			
WIDTH	m	LENGTH	m HEIGHT	m
NUMBER OF AXLES ON T	HE TRUCK			
NUMBER OF AXLES ON T	HE TRAILER			
CONFIGURATION (Provide	e axle diagram with	spacings and weights):		
			GVW	kg
OVERWEIGHT CONF	IGURATIONS	(INFORMATION P	URPOSES ONLY)	
The following will assistructures:	st in determinin	g if the load must b	e weighed prior to movement acr	oss bridges or other
If the weight limits as	set out in Regul	lation 2001 - 67 <i>Veh</i>	icle Dimensions and Mass Regul	lation - Motor Vehicle
			Compliance Branch of the Departr	
may be contacted to v			·	·
In addition if it is the a	minian of the Di	intuint Funcion and that	land may be examinable the Dist	tuiat Casinaas sassas
request to have the lo	•	_	load may be overweight, the Dist	trict Engineer may
l cquest to have the lo	aa weignea pii	or to loodanoe or pe	Title.	
	-		n 2001-67, the permit request mu	
		ation Policy Branch	for analysis. A three-week time	period must be allowed
for this analysis to be	completed.			
The maximum permiss	sible weight of a	a large building will l	pe dependent on the configuration	۱.
_			the requirements of Regulatio	
D	9.11	. 6 . II	. 1.1	
Regulation 2001-67 is http://www.gnb.ca/006		_	address:	
p.,,				

LARGE BUILDING MOVE APPLICATION FORM





-	«/letter outlining applicable information. ned necessary - minimum 72 hours notice required)	
CMD MAME (DLIONE /F AV	
RCMP NAME (print)		
IGNATURE	DATE	
ITILITY CONSULTATION / APPROVAL		
Itility officials to complete this section if load exceeds 4.88 m pplicant attach fax/letter outlining applicable information.	high, OR	
COMMENTS (Including dates available for assistance if deem	ned necessary - minimum 72 hours notice required)	
B POWER (Print)	PHONE/FAX	
IGNATURE		
BTEL (Print) _	PHONE/FAX	
	DATE	
IGNATURE	DATE	
MUNICIPALITY CONSULTATION / APPROVAL Municipality official complete this section OR applicant attach COMMENTS	,	
FFICIAL (Print)	PHONE/FAX	
IGNATURE		
pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration exceed	ds limits specified in regulation 2001-67)	
COMPLIANCE BRANCH NAME (Print)	PHONE/FAX	
IGNATURE		
TRANSPORTATION POLICY BRANCH CONSU Policy Branch official, if weights exceed Regulation 2001-67,		
	somplete this section on	
pplicant attach fax/letter outlining applicable information. COMMENTS (Indicate whether the analysis would allow the r	nove to occur)	
RANS. POLICY NAME (Print)	PHONE/FAX	
	D. 175	
SIGNATURE	DATE	
IGNATURE the undersigned, submit that the information	DATE DATE	
ignature , the undersigned, submit that the information PPLICANT NAME (print)	provided on this form is correct.	
the undersigned, submit that the information PPLICANT NAME (print) IGNATURE DEPARTMENT OF TRANSPORTATION DECISION	DATE n provided on this form is correct. DATE	
TOTAL CONTROL OF TRANSPORTATION DECISIONAL INFORMATION DECISIONAL INFORMATIONAL INFORMAT	DATE n provided on this form is correct. DATE	
IGNATURE the undersigned, submit that the information PPLICANT NAME (print) IGNATURE DEPARTMENT OF TRANSPORTATION DECISI pproved Permit no.	DATE n provided on this form is correct. DATE ON	
IGNATURE the undersigned, submit that the information PPLICANT NAME (print) IGNATURE DEPARTMENT OF TRANSPORTATION DECISI pproved Permit no.	DATE n provided on this form is correct. DATE ON	
the undersigned, submit that the information PPLICANT NAME (print) GIGNATURE DEPARTMENT OF TRANSPORTATION DECISION	DATE n provided on this form is correct. DATE ON	
THE UNDERSIGNATURE THE UNDERSIGNED, SUBMIT THAT THE INFORMATION DECISION OF TRANSPORTATION O	DATE n provided on this form is correct. DATE ON	
THE UNDERSIGNATURE THE UNDERSIGNED, SUBMIT THAT THE INFORMATION PPLICANT NAME (print) IGNATURE DEPARTMENT OF TRANSPORTATION DECISION Permit no.	DATE n provided on this form is correct. DATE ON	