

# LARGE BUILDING MOVE APPLICATION FORM

(Exceeding 5.5 m in width)



## NAME AND ADDRESS OF REGISTERED OWNER OF TRUCK

_____	PHONE _____
_____	FAX _____
_____	

NAME AND POLICY NUMBER OF INSURANCE COMPANY:

\_\_\_\_\_

## DETAILS OF MOVE

ORIGIN \_\_\_\_\_ DESTINATION \_\_\_\_\_  
PREFERRED ROUTE \_\_\_\_\_  
LOAD DESCRIPTION \_\_\_\_\_

## TRUCK AND TRAILER INFORMATION

	YEAR	MAKE	SERIAL NUMBER (Last six digits)
TRUCK			
TRAILER (if applicable)			

OVERALL DIMENSIONS (in metres)

WIDTH \_\_\_\_\_ m LENGTH \_\_\_\_\_ m HEIGHT \_\_\_\_\_ m

NUMBER OF AXLES ON THE TRUCK \_\_\_\_\_

NUMBER OF AXLES ON THE TRAILER \_\_\_\_\_

CONFIGURATION (Provide axle diagram with spacings and weights):

GVW \_\_\_\_\_ kg

## OVERWEIGHT CONFIGURATIONS (INFORMATION PURPOSES ONLY)

The following will assist in determining if the load must be weighed prior to movement across bridges or other structures:

If the weight limits as set out in Regulation 2001-67, *Vehicle Dimensions and Mass Regulation - Motor Vehicle Act*, as amended from time to time, are exceeded, the Compliance Branch of the Department of Public Safety may be contacted to weigh the configuration.

In addition, if it is the opinion of the District Engineer that load may be overweight, the District Engineer may request to have the load weighed prior to issuance of permit.

If the load exceeds the weight limits specified Regulation 2001-67, the permit request must be submitted to the Special Permit office of the Transportation Policy Branch for analysis. A three-week time period must be allowed for this analysis to be completed.

The maximum permissible weight of a large building will be dependent on the configuration.

**It is the responsibility of the applicant to be aware of the requirements of Regulation 2001-67, *Vehicle Dimensions and Mass Regulation - Motor Vehicle Act*, as amended from time to time.**

Regulation 2001-67 is available at the following web site address:  
<http://www.gnb.ca/0062/regs/2001-67.htm>

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## RCMP CONSULTATION / APPROVAL

RCMP official to complete this section OR applicant attach fax/letter outlining applicable information.

COMMENTS (Including dates available for assistance if deemed necessary - minimum 72 hours notice required)

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RCMP NAME (print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## UTILITY CONSULTATION / APPROVAL

Utility officials to complete this section if load exceeds 4.88 m high, OR  
applicant attach fax/letter outlining applicable information.

COMMENTS (Including dates available for assistance if deemed necessary - minimum 72 hours notice required)

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NB POWER (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
NBTEL (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
CABLE (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## MUNICIPALITY CONSULTATION / APPROVAL (INCLUDES MUNICIPAL POLICE)

Municipality official complete this section OR applicant attach fax/letter outlining applicable information

COMMENTS \_\_\_\_\_

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OFFICIAL (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## COMPLIANCE BRANCH CONSULTATION / APPROVAL

Compliance Branch Official, if weights must be verified, complete this section OR  
applicant attach fax/letter outlining applicable information

COMMENTS (Indicate whether or not the configuration exceeds limits specified in regulation 2001-67)

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COMPLIANCE BRANCH NAME (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TRANSPORTATION POLICY BRANCH CONSULTATION / APPROVAL

Policy Branch official, if weights exceed Regulation 2001-67, complete this section OR  
applicant attach fax/letter outlining applicable information.

COMMENTS (Indicate whether the analysis would allow the move to occur)

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TRANS. POLICY NAME (Print) \_\_\_\_\_ PHONE/FAX \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ***I, the undersigned, submit that the information provided on this form is correct.***

APPLICANT NAME (print) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## DEPARTMENT OF TRANSPORTATION DECISION

Approved  Permit no. \_\_\_\_\_ Rejected

Details \_\_\_\_\_

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DISTRICT ENGINEER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_