



MOVING PERMIT APPLICATION

THIS IS NOT AN APPROVAL

Request for Special Inspection complete: _____

BUILDING OWNER	Building Owner Name: _____		
	Mailing Address: _____		
	Town/City	Province	Postal Code
MOVING DETAILS	Home: _____		Cell: _____
	Email Address: _____		
	Type of Building to be moved: _____		
	From: _____	Lot _____	Block _____ Plan _____
	To: _____	Lot _____	Block _____ Plan _____
	Loaded Building Height _____	Weight _____	Length _____
	Building Mover _____	Phone _____	
Route to be Taken _____			

Special Remarks _____			

I hereby agree to comply with the Building & Zoning Bylaws of the Town of Rosthern and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, Provincial Acts & Regulations regardless of any plan review or inspections that may or may not be carried out by the Town or Rosthern or its authorized representative. I agree to do all construction work solely in accordance & compliance with the information & plans provided by me in this application, & will obtain all other work permits required in conjunction with my development. I hereby declare that the above information is true and correct.

Applicant Signature: _____ Date: _____