



APPLICATION is hereby made for permit as shown on the accompanying plan or sketch and as described below. Said activity(s) will be performed under and in accordance with the rules and regulations of the Commonwealth Transportation Board of Virginia, in so far as said rules are applicable thereto and any agreement between the parties herein before referred to. Where applicable agreements may be attached and made a part of the permit assembly including any cost responsibilities covering work under permit. Applicant agrees to maintain work in a manner as approved upon its completion. Applicant also hereby agrees and is bound and held responsible to the owner for any and all damages to any other installations already in place as a result of work covered by resulting permit. Applicants to whom permits are issued shall at all times indemnify and save harmless the Commonwealth Transportation Board members of the Board, the Commonwealth and all Commonwealth employees, agents, and offices, from responsibility, damage, or liability arising from the exercise of the privileges granted in such permit to the extent allowed by law.

**TYPE OR PRINT CLEARLY**

APPLICANTS NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Tax ID or Driver License number \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Item to be moved: \_\_\_\_\_

Actual size of building: Width: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_

Approximate weight of building: \_\_\_\_\_ Lbs. Can the building be reduced to smaller dimensions? \_\_\_\_\_

Location of Building: County \_\_\_\_\_ Route. \_\_\_\_\_ Street Address \_\_\_\_\_

Destination of Building: County \_\_\_\_\_ Route. \_\_\_\_\_ Street Address \_\_\_\_\_

Proposed Route of Travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of Mover: \_\_\_\_\_

Mover licensed to move houses in this state? \_\_\_\_\_ Virginia Contractor's License? \_\_\_\_\_ Insurance in this state? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mover certification attached that house will clear all overhead and roadside obstructions? \_\_\_\_\_

**[ ] IF APPLICABLE, I AGREE TO PAY THE FULL SALARY AND EXPENSES OF A STATE ASSIGNED INSPECTOR IN CONJUNCTION WITH THIS MOVE, COVERED BY ACCOUNT RECEIVABLE NUMBER.**

Signature of applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature of agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

All applicable items on this form must be completed before your request can be considered. Recheck information furnished to avoid delay. Prepayment Required - make Remittance payable to Virginia Department of Transportation.

**VDOT USE ONLY**

Receipt is hereby acknowledged of CHECK \_\_\_\_\_ COUPON \_\_\_\_\_ M.O. \_\_\_\_\_ In The Amount of \$ \_\_\_\_\_  
Permit Fee \$ \_\_\_\_\_ Cash Surety \$ \_\_\_\_\_ VDOT Reference Number \_\_\_\_\_  
Signed \_\_\_\_\_ VDOT

