APPLICATION FOR HOUSE MOVE PERMIT

Application Fee - $20

Applicant ____________________________ Telephone(____) ____________________________
(Registered Owner/Lessee) 

Address ____________________________ Area Code ____________________________
(Sweet) (City) (State) (Zip)

Truck License # ___________ Reg. Licensed Wt. ___________ Serial ___________ Axles
(last five digits) (total #)

Insurance Agency ____________________________ Agency Telephone # (____) ____________

LOADED DIMENSIONS:

Gross Wt.: Equipment ___________ Building ___________ Combined Gross Wt. ___________

Length:
Overall ___________ ft. ___________ in. Overall (including overhang) ___________ ft. ___________ in. Overall ___________ ft. ___________ in.
Structure ___________ ft. ___________ in. Structure (w/o overhang) ___________ ft. ___________ in. Rear Overhang ___________ ft. ___________ in.

Steer Axle

Rear Axle of Combination

____ ft. ___________ in.

Extreme Axle Measurement

____ ft. ___________ in. 


Axle Wt.: Axle 1 ___________ Axle 2 ___________ Axle 3 ___________ Axle 4 ___________

Axle 5 ___________ Axle 6 ___________ Axle 7 ___________ Axle 8 ___________

Spacing: 1 to 2 ___________ ft. ___________ in. 2 to 3 ___________ ft. ___________ in. 3 to 4 ___________ ft. ___________ in.

4 to 5 ___________ ft. ___________ in. 5 to 6 ___________ ft. ___________ in. 6 to 7 ___________ ft. ___________ in.

7 to 8 ___________ ft. ___________ in.

Type of Construction: Outside Walls ___________ Inside Walls ___________

Floor ___________ Roof ___________ Furniture ___________

No. of Stories ___________ No. of Chimneys ___________
Origin_________________________ Destination_________________________

Requested route of travel to include SR #’s with respective county and road name.

__________________________________________________________________________
__________________________________________________________________________

Is any portion of this route on city streets? □ Yes □ No If yes, list name of contact person with the city that approved travel of this move on city street(s).

Name_________________________ Telephone #___________________________

Total distance of house move:_______ miles Estimated time for movement:_______ hours

TRAVEL PLAN:

Specific plan on how traffic will be handled:

__________________________________________________________________________
__________________________________________________________________________

Requested time of travel with justification:

__________________________________________________________________________

Planned use of escort vehicle(s):

__________________________________________________________________________

All fees charged for law enforcement escorts are the responsibility of the mover. A 72-hour notification must be provided to the law enforcement agency for request of an escort after approval of the permit.

List all utility companies with lines crossing the highway along requested route of travel. If overall height of loaded structure is 18’ or greater, line clearance letters must be submitted at the time of application.

__________________________________________________________________________

Other remarks relating to the safe movement of structure:

__________________________________________________________________________

A completed application for a house move permit is required to be submitted to the Division or District Engineer having jurisdiction over requested route of travel along with a non-refundable application fee of $20.00 at least two (2) days prior to the anticipated date of movement. Any application that is not completed in its entirety will not be considered for processing.

I certify the information given is correct; the vehicle 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 General Statutes 20-356 through 20-372.

Signed_________________________ Title_________________________

Print Name_________________________ Date_________________________

For Official Use Only:

Approved by:_________________________ Date:_________________________

Division/District Representative