



OVERSIZED/OVERWEIGHT STRUCTURE MOVE PERMIT APPLICATION

APPLICANT INFORMATION

Applicant: _____ Contact Name: _____

Mailing Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

PROJECT INFORMATION

MOVING FROM (ADDRESS): _____

MOVING TO (ADDRESS): _____

***PLEASE ALLOW 15 DAYS FOR REVIEW. YOUR APPROVED PERMIT DATE MIGHT BE DIFFERENT THAN YOUR REQUESTED DATE.
** MOVES NOT ALLOWED 7AM-9AM & 4PM-7PM ON WEEKDAYS. ANY MOVE REQUIRING CITY SERVICES WILL INCUR
ADDITIONAL CHARGES; WEEKEND MOVES WILL BE BILLED AT OVERTIME RATES.**

*REQUESTED MOVE DATE: _____ **REQUESTED MOVE TIME: _____

DESCRIPTION OF STRUCTURE TO BE MOVED: _____

PROPOSED ROUTE DESCRIPTION AND MAP: _____

Loaded Height: _____ Loaded Width: _____ Loaded Weight: _____ Height off Ground: _____

APPLICATION REQUIREMENTS

**BELOW IS A LIST OF REQUIRED DOCUMENTS THAT MUST BE SUBMITTED TO CONSIDER AN APPLICATION COMPLETE.
APPLICATIONS SUBMITTED WITHOUT PROPER DOCUMENTS WILL DELAY THE REVIEW PROCESS.**

<input type="checkbox"/> DESCRIPTION & MAP OF PROPOSED ROUTE
<input type="checkbox"/> GENERAL LIABILITY CERTIFICATE OF INSURANCE \$100,000
<input type="checkbox"/> SURETY BOND OF \$50,000
<input type="checkbox"/> \$150.00 APPLICATION FEE

**By signing this form, you acknowledge the documents submitted comply with all requirements,
applicable codes, amendments, and ordinances set forth by the Edmond City Council.**

Applicant Signature: _____ Date: _____