



APPLICATION FOR SPECIAL TRANSPORTATION OR BUILDING MOVING PERMIT

City of Kentwood
4900 Breton Ave SE • P.O. Box 8848
Kentwood, MI 49518-8848
(616) 554-0736

PERMIT No.
TR-

Company Name	Phone	Fax
Address (Street Name & No.)	City / State	Zip
Contact Person	Contact Person Phone Number	

Object to be Moved	Object Weight
Route:	

Width	Height	Length	Overall Width	Overall Weight	Overall Length	Rear Overhang
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VEHICLE TO BE USED Truck Truck - Trailer Semi-Trailer Pole Trailer Dollies Other

DATE OF MOVEMENT: <small>Moves during daylight hours only and no permits will be issued for Saturday, Sunday, & Holidays</small>	Truck License No.	Trailer License No.
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WEIGHT - AXLE SPACING - TIRES										
Axle No.	1	2	3	4	5	6	7	8	9	>9
*AXLE WEIGHT										
*TIRE SIZE										
*NO. OF TIRES										
		1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	
*AXLE SPACING										

***COMPLETE FOR OVERWEIGHT MOVES ONLY**

To be completed ONLY when requesting to move a building exceeding 16 ft. in width

Frame Brick Other - Describe: _____

The undersigned further agrees that if this application is approved he/she will meet all requirements and that he/she will be responsible to the City of Kentwood for any damages, fines and/or penalties which he/she shall become liable to pay and shall hold the City of Kentwood harmless from all suits, claims, damages, and proceedings of any kind due to his/her operations in the highway.

Signature of Applicant

Please Print or Type

Approved by

PMAJ
PLOC

For

Date

Fee