



City of Tigard
 COMMUNITY DEVELOPMENT DEPARTMENT
Oversize Load Permit (MIS)

Applicant's name: _____
 Address: _____
 City/state: _____ Zip: _____
 Primary contact: _____
 Phone: _____ Email: _____

Mover's name: _____
 Contact person: _____
 CCB#: _____ Expiration: _____
 Address: _____
 City/state: _____ Zip: _____
 Phone: _____ Email: _____

MOVE INFORMATION

Item to be moved: _____
 Width: _____ Height: _____ Length: _____
 (Overall dimensions – loaded on vehicle)
 Type of construction: _____
 Designed use: _____ Approximate age: _____
 Proposed date of move: _____ Proposed time: _____
 (Not less than 48 hours after approval)

Address location of item being moved:

From: _____
 To: _____

NOTE: Building Permit required for all residential and commercial structures with City of Tigard destination.

Proposed use of item (if to be located in the city): _____ Zoning classification: _____
 Route Summary (attach map of route including exact route of move): _____

Insurance Company: _____
 (Current copy of Acord from 25-S certificate of insurance must be attached)

Tow vehicle: Year: _____ Make: _____ Lic #: _____ PUC #: _____
 Value of project completion (foundation, placement, etc.): \$ _____ Bond amount: \$ _____

Applicant's signature **Print name and title** **Date**

FOR STAFF USE ONLY

Case No: _____
 Application accepted:
 By: _____ Date: _____
 Move date: _____
 Permit fee: _____
 Application determined complete:
 By: _____ Date: _____

CITY APPROVAL SIGN OFF

City Engineer: _____
 Date: _____
 Police Chief: _____
 Date: _____
 Planning Official: _____
 Date: _____
 Building Official: _____
 Date: _____

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