



CITY OF CANBY

Building Moving Permit

Name of Applicant (*Moving Company*) _____

Address _____ **Phone** _____

Name of Building Owner _____

Address _____ **Phone** _____

Present Location _____ **Proposed Location** _____

Width (while in transit) _____ **Height** (while in transit) _____ **Length** (while in transit) _____

Moving Date _____ **Moving Time** _____

Proposed Route: (*Please use separate piece of paper if necessary*):

Necessary Approvals: Name

Date

Police Department: _____

Fire Department: _____

Canby Utility: _____

Public Works: _____

Planning Department _____