



City of Canby  
Planning Department  
222 NE 2<sup>nd</sup> Avenue  
P.O. Box 930  
Canby, OR 97013  
Ph: 503-266-7001  
Fax: 503-266-1574

# 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 \_\_\_\_\_