



# APPLICATION FOR SPECIAL TRANSPORTATION OR BUILDING MOVING PERMIT

City of Kentwood  
4900 Breton Ave SE • P.O. Box 8848  
Kentwood, MI 49518-8848  
(616) 554-0737 Fax (616) 698-7118

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, &amp; Holidays</small>	Truck License No.	Trailer License No.
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<b>WEIGHT - AXLE SPACING - TIRES</b>										
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