Rural Municipality of Estevan No. 5
721 Henry St., Estevan, SK S4A 2B7
634-2222, Fax 634-2223

APPLICATION FOR MOVE PERMIT

Application #_____ Date _____/_____/_____
Year Month Date

OWNER	MOVER
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Phone:_____	Phone:_____

From:

To:

Size of Building: Sq.Ft._____ Length_____ Width_____ Height_____ Storeys_____

Date of Move

Route of Move:

I hereby agree to comply with the provisions of the Building Bylaw of the Municipality and to be responsible and pay for any damages done to any property or roads as a result of moving the said building, and to pay such fee and deposit such sum as may be required by Section 7(3) and 7(4) of the said bylaw.
I hereby acknowledge that I have read this application and certify that the information contained herein is correct.
I hereby acknowledge that I understand that permission to begin move is not granted until a permit, signed by the Authorized Representative is returned to me.
I further acknowledge and fully understand that the granting of this Permit shall not in any way relieve the owner of the building or his agent from full responsibility for carrying out the work in accordance with the requirements of the Municipality

Signed:_____ Date:_____

FORM C