

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERMIT TO MOVE BUILDING OVER STATE ROADS

PLEASE CHECK THE TYPE OF PERMIT YOU ARE APPLYING FOR
 SINGLE MOVE SPECIAL MOVE ANNUAL PERMIT

FDOT PERMIT No.

DESCRIPTION OF MOVEMENT			
ORIGIN	DESTINATION	DATES OF MOVEMENT to	
TOTAL DISTANCE	VIA STATE ROADS (NUMBERS)		
DIMENSIONS	TYPE CONSTRUCTION		
LENGTH	WIDTH (INCLUDING EAVES)	WIDTH (EXCLUDING EAVES)	HEIGHT (LOADED)
The following Utility Companies with facilities on proposed routes have been contacted: And requirements have been met			
COMPANY	REPRESENTATIVE	TITLE	DATE
Type of moving Equipment used: <input type="checkbox"/> Tractor trailer <input type="checkbox"/> Beams, Dollies, and Tractor			
Gross Weight (Building, Equipment, Tractor) pounds			
Total number of axles:		Total number of wheels:	
Detours required by traffic:			
Date of move: <input type="checkbox"/> Daytime (9AM to 4 PM) <input type="checkbox"/> Nighttime (12:01 AM to 7:00 AM Weekdays) <input type="checkbox"/> Other			
<input type="checkbox"/> NO MUNICIPALITY INVOLVED.			
<input type="checkbox"/> ALL LOCAL MUNICIPALITIES HAVE BEEN CONTACTED AND REQUIREMENTS HAVE BEEN MET.			REMARKS:
RAILROADS CROSSED (IF NONE, SO STATE)			
<input type="checkbox"/> NO RAILROAD CROSSINGS INVOLVED.			REMARKS:
<input type="checkbox"/> ALL LOCAL RAILROAD COMPANIES HAVE BEEN CONTACTED AND REQUIREMENTS HAVE BEEN MET.			
FLORIDA HIGHWAY PATROL CLEARANCE			
<input type="checkbox"/> MOVEMENT APPROVED.			
<input type="checkbox"/> NOT APPROVED: REMARKS (If not Law enforcement, show name of escort firm):			
ESCORT REQUIRED <input type="checkbox"/> COMPANY <input type="checkbox"/> POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> F.H.P.			
TROOPER		BADGE AGENCY	DATE BADGE

The following Law Enforcement Agencies with jurisdictions on proposed routes have been contacted and requirements have been met:

AGENCY	REPRESENTATIVE	TITLE/RANK	DATE

PERMIT TO MOVE BUILDING OVER STATE ROADS

PERMIT FEE

\$25.00 FOR SINGLE MOVE

\$50.00 FOR EACH SPECIAL PERMIT

FEE WAIVED

TYPE PAYMENT

CASH

COMPANY CHECK

CASHIER'S CHECK

CERTIFIED CHECK

MONEY ORDER

CREDIT CARD (online only)

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS CORRECT WITH THE UNDERSTANDING THAT ANY FALSE STATEMENT WILL RENDER THE PERMIT HEREBY REQUESTED SUBJECT TO SUSPENSION OR REVOCATION AND COULD RESULT IN THE DENIAL OF FUTURE PERMITS. I HAVE A BOND ON FILE WITH THE DISTRICT MAINTENANCE OFFICE OF THE DEPARTMENT OF TRANSPORTATION IN THE AMOUNT OF \$10,000 WHICH EXPIRES

The permittee, shall indemnify, defend, and hold harmless the Department and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any acts, actions, neglect, or omission by the Permittee, its agents, employees, or subcontractors during the performance of the BUILDING MOVEMENT, whether direct or indirect, and whether to any person or property to which the Department or said parties may be subject, except that neither the Permittee nor any of its subcontractors will be liable under this Article for damages arising out of the injury or damage to persons or property directly caused or resulting from the SOLE negligence of the Department or any of its officers, agents or employees.

BONDED HOUSEMOVER
PHONE # (OFFICE)
BUSINESS ADDRESS

SIGNATURE
(CELL)

DATE
EMAIL

AREA D.O.T. CLEARANCE IF REQUIRED

APPROVAL RECOMMENDED SUBJECT TO THE FOLLOWING:

MAINTENANCE ENGINEER (OR DESIGNEE)

DATE

DISTRICT D.O.T. CLEARANCE IF REQUIRED

APPROVAL RECOMMENDED SUBJECT TO THE FOLLOWING:

DISTRICT MAINTENANCE ENGINEER

DATE
