



# City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

## Oversize Load Permit Application

### MOVER INFORMATION

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNER OF OVERSIZE LOAD INFORMATION

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### MOVE INFORMATION

Item to be moved: \_\_\_\_\_

Proposed date and time of move: \_\_\_\_\_ **\*\*Not less than 48 hours after approval**

Move from: \_\_\_\_\_ Move to: \_\_\_\_\_

Load dimensions: Width \_\_\_\_\_ Height \_\_\_\_\_ Length \_\_\_\_\_

Designed Use: \_\_\_\_\_ Approx. age: \_\_\_\_\_ Type of construction: \_\_\_\_\_

Proposed use if item (if located in city): \_\_\_\_\_ Zone: \_\_\_\_\_

Route summary (attached map of exact route): \_\_\_\_\_

Insurance Company (attach copy of Acord from 25-S certificate of insurance): \_\_\_\_\_

\_\_\_\_\_  
Mover's or owner's signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**\*NOTE: Building Permits are required for all residential and commercial structures with City of Tigard destination.**

#### STAFF USE ONLY

Case No.: \_\_\_\_\_ Application fee: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

#### STAFF DECISION:

City Engineer: \_\_\_\_\_ Date: \_\_\_\_\_ Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Official: \_\_\_\_\_ Date: \_\_\_\_\_ Building Official: \_\_\_\_\_ Date: \_\_\_\_\_