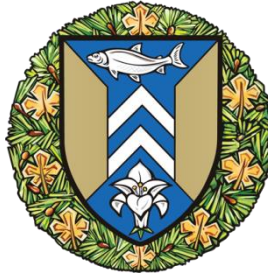


**The Corporation of the
City of Sault Ste. Marie**



**Public Works & Engineering
Services
Building Division
Freddie P. Pozzebon,
CBCO, CBO/PSO**

O/D MOVING PERMIT APPLICATION

Date Completed Application Received:

Before we can issue your permit, its application must be completed and returned to the Building Division Permits Counter with the required permit fee of \$135.00, along with a certificate of liability insurance (\$1,000,000) minimum per incident. The City shall be noted as the certificate holder. **Please note, if the intent is to occupy the structure once moved, a Building Permit Application must be completed and a Building Permit must be obtained prior to the issuance of a Moving Permit.**

A _____ of _____ wishes to move
from its present location at _____
to _____
using the following route:

Type of Moving Vehicle	No. of Axles	No. of Tires
Total Weight	Axle Distribution	
Size of Building or Structure (including eaves, cornices, etc.):		
Length	Width	Height
Total Loaded Height (measured from underside of floor joists)		
Dimension of building or structure forming leading edge as load moves down the street		

Proposed Moving Date

Starting Time:

The applicant must obtain consent from the Parties listed below if the date or time of the move is altered.

In approving the above request, we the undersigned jointly and severally agree to and hereby do indemnify the City of Sault Ste. Marie from all claims for damages to persons or properties, including costs of repair to, or replacement of sidewalks, trees, curbs and gutters arising out of any or all acts or works being done in connection with the work outlined here. We jointly and severally agree to comply with the provision of the Ontario Building Code, the City of Sault Ste. Marie zoning By-law and any amendments thereto. We jointly and severally agree that neither the granting of a permit nor the approval of drawings and specifications nor inspections made by the Chief Building Official or his designate shall in any way relieve us from full responsibility for carrying out the work in accordance with the requirements of the aforementioned legislation.

Owner(s) Applicant (s) & phone number

Moving Contractor & phone number

If the above requested move meets with your approval please sign in the space provided below and print your name after your signature. Any conditions made by your agency should be noted on a letter and attached to this form.

Ph #: (705) 541-2385 **Public Utilities Commission** email: customer.experience@ssmpuc.com

Ph #: (705) 949-6300 Ext. 348 (Traffic Sargent) **Police Department** Fax: (705) 949-3440

Ph #: (705) 759-5201 (Andy Starzomski) **Public Works UbX Transportation** Fax#: (705) 541-7010

Ph #: (705) 759-7448 **Bell Canada** Fax: (705) 942-3557

Ph #: (705) 574-0027 (Nicole Zaharko) **Rogers/Shaw Cable** Fax: (705) 541-7573

Ph #: (705) 943-0515 (Aaron Rooley) **Hydfo One** E-mail: aaron.rooley@hydroone.com

Ph#: (705) 256-3850 Ext. 5841 (Michael Degilio) **Algoma Power (please provide 72 hour notice)** Fax: (705) 759-2218