LARGE BUILDING MOVE



APPLICATION FORM (Exceeding 5.5 m in width)
For Best Results, this form should be printed on 81/2 by 11 size paper

NAME A	NU ADDRESS	S OF REGISTERE	D OWNER OF TH	RUCK	PHONE
					FAX
NAME AND	POLICY NUMBI	ER OF INSURANCE C	OMPANY:		
DETAILS	OF MOVE				
ORIGIN _			D	ESTINATION	
PREFERRE	D ROUTE				
LOAD DESC	CRIPTION				
TRUCK A	ND TRAILER	RINFORMATION			
	YEAR	MAKE	SERIAL NUI	MBER (Last six digits)	_
TRUCK					<u></u>
TRAILER					
OVERALL I	DIMENSIONS (ir	n metres)			
WIDTH		m	LENGTH	m	n HEIGHT m
NUMBER O	F AXLES ON TH	IE TRUCK			
NUMBER O	F AXLES ON TH	IE TRAILER			
CONFIGUR	ATION (Provide	axle diagram with sp	pacings and weights):	
				GVW	kg
OVERWE	IGHT CONFI	GURATIONS (INI	FORMATION PUI	RPOSES ONLY)	
		(0020 02.1,	
The follow structures	-	t in determining if	the load must be v	weighed prior to mo	vement across bridges or other
If the west	aht limita aa a	ot out in Possilatia	n 2001 67 Vabia	do Dimensione and	Mass Population Motor Vahiala
Act, as ar	nended from		exceeded, the Con		Mass Regulation - Motor Vehicle the Department of Public Safety
		oinion of the District d weighed prior to	-	•	ght, the District Engineer may
1 2 4 4 5 5 1 10	5 610 100	g., ca prior to			
Special P		the Transportatio			request must be submitted to the week time period must be allowed
The maxii	mum permiss	ible weight of a lar	ge building will be	e dependent on the	configuration.
				ne requirements of as amended from	Regulation 2001-67, Vehicle time to time.
Regulatio	n 2001-67 is a	available at the fol	lowing web site ac	ddress:	
http://www	v.gnb.ca/justic	ce/regs/2001-67.h	tm		

LARGE BUILDING MOVE APPLICATION FORM

(Exceeding 5.5 m in width)



RCMP CONSULTATION / APPROVAL RCMP official to complete this section OR applicant attac	ch fax/letter outlining applicable information.
COMMENTS (Including dates available for assistance if d	
CMP NAME (print)	PHONE/FAX
GIGNATURE	DATE
ITILITY CONSULTATION / APPROVAL	
Itility officials to complete this section if load exceeds 4.	.88 m high, OR
applicant attach fax/letter outlining applicable information	
COMMENTS (Including dates available for assistance if d	eemed necessary)
B POWER (Print)	PHONE/FAX
IGNATURE	DATE
BTEL (Print)	
IGNATURE	DATE
CABLE (Print)	PHONE/FAX
SIGNATURE	DATE
MUNICIPALITY CONSULTATION / APPROVAL	• • • • • • • • • • • • • • • • • • • •
Municipality official complete this section OR applicant a COMMENTS	ttach fax/letter outlining applicable information
· · · · · · · · · · · · · · · · · · ·	
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, or	PROVAL
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information	PROVAL complete this section OR n
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration expenses).	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67)
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration execution)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration execution) COMPLIANCE BRANCH NAME (Print)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) SIGNATURE TRANSPORTATION POLICY BRANCH CONSU	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) SIGNATURE TRANSPORTATION POLICY BRANCH CONSU Policy Branch official, if weights exceed regulation 2001-	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration execution) COMPLIANCE BRANCH NAME (Print)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n.
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n.
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n.
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) EIGNATURE TRANSPORTATION POLICY BRANCH CONSU Policy Branch official, if weights exceed regulation 2001- pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur)
COMPLIANCE BRANCH CONSULTATION / AP compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration excompliance BRANCH NAME (Print) IGNATURE RANSPORTATION POLICY BRANCH CONSULIC Branch official, if weights exceed regulation 2001-pplicant attach fax/letter outlining applicable information comments (Indicate whether the analysis would allow the print) RANS. POLICY NAME (Print)	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE PHONE/FAX ILTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration exempliance BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH ONSU COMPLIANCE BRANCH ONSU COMPLIANCE BRANCH CONSU COMPLIANCE	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) GIGNATURE TRANSPORTATION POLICY BRANCH CONSULT Policy Branch official, if weights exceed regulation 2001- pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the FRANS. POLICY NAME (Print) GIGNATURE TRANS. POLICY NAME (Print) GIGNATURE The undersigned, submit that the information	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE PHONE/FAX DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) GIGNATURE FRANSPORTATION POLICY BRANCH CONSULTION POLICY BRANCH CONSULT BRANCH CON	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE PHONE/FAX DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) SIGNATURE FRANSPORTATION POLICY BRANCH CONSULTION Policy Branch official, if weights exceed regulation 2001- pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the COMMENTS (Indicate whether the analysis would allow the COMMENTS (Print) SIGNATURE THE UNDERSIGNED SUBMIT THAT THE INFORMATION COMPLICANT NAME (Print) SIGNATURE SIGNATURE SIGNATURE	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE DATE PHONE/FAX DATE PHONE/FAX DATE PHONE/FAX DATE DATE DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration exempliance BRANCH NAME (Print) EIGNATURE POLICY BRANCH CONSULTATION POLICY BRANCH CONSULTANCE BRANCH OUTLINING Applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the COMMENTS (Indicate whether the analysis would allow the COMMENTS) EIGNATURE TRANS. POLICY NAME (Print) EIGNATURE COMPLIANCE BRANCH NAME (PRINT) EIGNATURE EIGNATURE COMPLIANCE BRANCH C	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information comments (Indicate whether or not the configuration example) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH CONSULTATION POLICY BRANCH CONSULTATION AND COMMENTS (Indicate whether the analysis would allow the commentation of the configuration of the configuration policy by the undersigned, submit that the information of the configuration policy policy policy policy policy by the undersigned, submit that the information of the configuration policy	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE DATE PHONE/FAX DATE PHONE/FAX DATE PHONE/FAX DATE DATE DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) CIGNATURE CRANSPORTATION POLICY BRANCH CONSULTION Policy Branch official, if weights exceed regulation 2001- pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the complete of the complete	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) GIGNATURE COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH CONSULTATION POLICY NAME (Print) COMMENTS (Indicate whether the analysis would allow the print) COMMENTS (Indicate whether the analysis would allow the policy beautiful that the information properties of the print) COMPLIANCE STANSPORTATION DECISION Permit no. COMPLIANCE PRINT OF TRANSPORTATION DECISION Permit no.	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of pplicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) GIGNATURE COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH NAME (Print) COMPLIANCE BRANCH CONSULTATION POLICY NAME (Print) COMMENTS (Indicate whether the analysis would allow the print) COMMENTS (Indicate whether the analysis would allow the policy beautiful that the information properties of the print) COMPLIANCE STANSPORTATION DECISION Permit no. COMPLIANCE PRINT OF TRANSPORTATION DECISION Permit no.	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE DATE DATE DATE DATE
COMPLIANCE BRANCH CONSULTATION / AP Compliance Branch Official, if weights must be verified, of applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether or not the configuration ex COMPLIANCE BRANCH NAME (Print) SIGNATURE TRANSPORTATION POLICY BRANCH CONSULTANSPORTATION POLICY BRANCH CONSULTANGE Policy Branch official, if weights exceed regulation 2001-applicant attach fax/letter outlining applicable information COMMENTS (Indicate whether the analysis would allow the print) SIGNATURE I, the undersigned, submit that the information APPLICANT NAME (print) SIGNATURE DEPARTMENT OF TRANSPORTATION DECISION AND APPLICANT OF TRANSPORTATION DECISION APPLIC	PROVAL complete this section OR n sceeds limits specified in regulation 2001-67) PHONE/FAX DATE LTATION / APPROVAL 67, complete this section OR n. the move to occur) PHONE/FAX DATE DATE DATE DATE DATE

District 1 Bathurst

District 3 Moncton

Moncton District Office

Bathurst District Office

Toll Free # 1-888-624-7077 Toll Free # 1-888-679-4044

Mailing Address: P.O. Box 476 Mailing Address: P.O. Box 129

Bathurst, NB Moncton, NB E2A 3Z4 E1C 8R9

County: Gloucester Counties: Westmorland/Albert/Kent

Street Address: 3109 Miramichi Ave. Street Address: 46 Toombs St.

Bathurst, NB Moncton, NB E2A 3Z4 E1A 3A5

 Telephone:
 506-547-2144
 Telephone:
 506-856-2000

 Fax:
 506-548-2838
 Fax:
 506-856-2019

District 4 Saint John

Sussex, NB E4E 5L2

Saint John District Office

Campbellton Administrative Office Toll Free # 1-888-915-1011

Mailing Address: P.O. Box 680 Sussex Administrative Office

Campbellton, NB Mailing Address: P.O. Box 5032

E3N 3H1

County: Restigouche

Street Address: 80 Alfred Drive Counties: Kings/St. John Tide Head. NB

E3N 4N1 Street Address: 139 Wheeler Rd..

Telephone: 506-789-2060 Four Corners Sussex, N-B Fax: 506-789-2051 E4E 2W5

 District 2 Miramichi
 Telephone:
 506 432-2014

 Fax:
 506 432-2029

Miramichi District Office

Toll Free # 1-888-787-3133 St. Stephen Administrative Office

Mailing Address: P.O. Box 248 Mailing Address: P.O. Box 39

Chatham Station
Miramichi, NB
E1N 3A6

St. Stephen, NB
E3L 2W9

County: County: Counties: Charlotte/St. John
County: Northumberland Street Address: 9381 Rte. #3

County: Northumberland Street Address: 9381 Rte. #3
Street Address: Old Ridge, NB
Miramichi, NB

Miramichi, NB E3L 4X4 E1N 1A4

Telephone: 506-778-6046 Fax: 506 466-7340 Fax: 506-773-6368

District 5 Fredericton

District 6 Edmundston

Edmundston District Office

Fredericton District Office

Toll Free # 1-888-922-9399

Toll Free #

1-888-767-9899

Mailing Address: P.O. Box 6000

Fredericton, NB

E3B 5H1

Mailing Address: P.O. Box 308

Edmundston, NB

E3V 3K9

Madawaska

Counties: York/Sunbury/Queens County:

1025 College Hill Rd. Street Address:

Fredericton, NB

E3B 4J7

Street Address: 486 St-François St.

Edmundston, NB

E3V 1G8

Telephone: 506-453-2611 Fax: 506-453-7905

Telephone: 506-273-4768 Fax: 506-273-6350

Perth-Andover Administrative Office

Woodstock Administrative Office

Mailing Address: 124 Upham St.

Woodstock, NB

E7M 2Y2

Mailing Address: 21149 Rte. 2

Perth-Andover, NB

E7H 3S3

Counties: Carleton/York

Street Address: 124 Upham St.

Woodstock, NB

E7M 2Y2

County: Victoria

Street Address:

Telephone:

Fax:

21149 Rte. 2

506-273-4768

506-273-6350

Perth-Andover, NB

E7H 3S3

Telephone: 506-325-4450 Fax: 506-328-8542

Chipman Administrative Office

Mailing Address: Rte. 10

7694 Coal Creek Chipman, NB E4A 2S3

Counties: Queens/Sunbury

Street Address: Rte. 10

> 7694 Coal Creek Chipman, NB E4A 2S3

Telephone: 506-339-7171 Fax: 506-339-7202