

LAND USE PERMIT LUP-BMA Land Use Permit Application – Building Movement August 22, 2014

APPLICATION is hereby made for permit as shown on the accompanying plan or sketch and as described below. Said activity(s) will be performed under and in accordance with the rules and regulations of the Commonwealth Transportation Board of Virginia, in so far as said rules are applicable thereto and any agreement between the parties herein before referred to. Where applicable agreements may be attached and made a part of the permit assembly including any cost responsibilities covering work under permit. Applicant agrees to maintain work in a manner as approved upon its completion. Applicant also hereby agrees and is bound and held responsible to the owner for any and all damages to any other installations already in place as a result of work covered by resulting permit. Applicants to whom permits are issued shall at all times indemnify and save harmless the Commonwealth Transportation Board in excercise of the privileges granted in such permit to the extent allowed by law.

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Applicant/Owner Name			Driver's License or Tax ID No.		
Mailing Address			Contact Name		
City	State	_ Zip Code	Emergency Telephone N	lumber ()	
Telephone Number ()			Fax Number ()		
Mover Name			VA Contractor's License	No	
Mailing Address			Contact Name		
City	State	_ Zip Code	Emergency Telephone N	lumber ()	
Telephone Number ()	-		Fax Number ()	-	
Mover licensed to move buildings in	VA? () Yes	() No	Mover insured in VA? ($_$) Yes () No	
Application Fee Enclosed \$					
Check Number Coupor	n Number(s)	Money O	rder Other		
Surety Posted by: Owner [] Ag	ent[]	Surety Refu	nd to: Owner [] Agent []	Surety Waived []	
Amount of Surety \$	Obligatio	n Amount \$	Check #		
Surety Company Name			Bond #		
Description of Building to be moved					
Building Size: Width: (ft.) Hei	ght: (ft.) L	_ength: (ft.)	Approximate Weight of Building: _	(lbs.)	
Can building be reduced to smaller of	limensions? (_) Yes () No			
Location of Building: County		Route No	Street Address		
Destination of Building: County		Route No	Street Address		
Proposed Route of Travel:					
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[] IF APPLICABLE, I AGREE TO PAY THE FULL SALARY AND EXPENSES OF A STATE ASSIGNED INSPECTOR IN CONJUNCTION WITH ACTIVITIES AUTHORIZED UNDER THE AUSPICES OF A VDOT LAND USE PERMIT

Signature of Applicant:	Title	Date
Signature of Mover:	Title	Date

All applicable information on this form must be completed to avoid delay in processing the issuance of a VDOT Land Use Permit. Prepayment required with remittance payable to Virginia Department of Transportation.

VDOT USE ONLY

Receipt is hereby acknowledged for:	CHECK No	COUPON No	MONEY ORDER No.	
In the Amount of \$	for PERMIT FEE \$	i	CASH SURETY \$	_
Authorized VDOT Signature:			Date:	_