A permit is requested to move ___________________________ with extreme dimensions of
________________ length, ______________ height, and ______________ width, over County maintained roadways
under the following conditions:

1. A route sketch is attached which includes all roads traversed from origin ___________________________ to destination ___________________________.
   Total distance: ____________________________________________

2. A sketch showing plan view, axle loading (weight) and spacing.

3. A copy of the FDOT Moving Permit (if applicable).

4. A copy of a valid Building Permit.

5. A movement is requested between and including the following dates: ____________________________________________

6. The following agencies with facilities on proposed routes have been contacted:

   REPRESENTATIVE
   COMPANY          SIGNATURE     TITLE      DATE
   Florida Power & Light __________________________ ________________ ___________  
   BellSouth                  ____________________________ ________________ ___________  
   FPUA                        ____________________________ ________________ ___________  
   Ft. Pierce City Engineering  ____________________________ ________________ ___________  
   Port St. Lucie City Eng. ____________________________ ________________ ___________  
   Cable Television                  ____________________________ ________________ ___________  

7. We have coordinated this movement with the police and fire departments of all municipalities in route as follows:

   MUNICIPALITY  OFFICIAL SIGNATURE  TITLE  DATE
   (Police)_______________ ___________________________ ________________ ___________  
   (Fire)_________________ ___________________________ ________________ ___________  

8. This movement will cross the FEC Railroad. Yes (    ) No (     ). If yes, we have coordinated the
   movement with:

   RAILROAD OFFICIAL SIGNATURE   TITLE    DATE
   ________________________________________________________________

9. The movement will traverse roads under construction: Yes (    ) No (     ). If yes, we have coordinated the
   movement with:

   ROAD CONTRACTOR REPRESENTATIVE SIGNATURE  TITLE DATE
   ________________________________________________________________
   ________________________________________________________________

10. Sheriff Department Clearance: Movement approved _____ Not approved ______
    Escort required ______ Remarks: ____________________________________________
    By: ___________________________ Date: ___________________________

This is to certify that the above information is correct with the understanding that any false statement will void the
permit hereby requested and could result in the denial of future permits, imprisonment and/or fine. This application
must be submitted for processing within thirty (30) days of the earliest dated signature.

I have Public Liability Insurance in amounts no less than $500,000 combined single limit for personal injury and
property damage. My operation will conform to the requirements of the Building and Equipment Moving Permit
Regulations of St. Lucie County, Ordinance 86-13.

__________________________________________
APPLICANTS NAME

Title: ___________________________ Date: ___________________________

Driveway Permit No._________________ Moving Permit No._________________