



Town of La Ronge Building Department

**MOVING PERMIT
APPLICATION**

1. Instructions **File #:** _____

1. Complete all questions as fully as possible and include all additional information as requested. Your co-operation will ensure speedy processing of this Application.
2. **Remember** - submitting this Application **does not** authorize the start of moving.

A Moving Permit Must Be Issued Before Any Work Can Begin

2. Site & Owner Information *(to be completed by Owner or Principal Contractor)*

Owner: _____

Contractor: _____

Mailing Address: _____ Phone: _____

Email: _____

Timeframe: Start Date: _____

Finish Date: _____

Location: Civic Address: _____

Lot: _____ Block: _____ Plan #: _____

Will other properties be affected by this work? No Yes

(if "Yes" please give location) Civic Address: _____

Lot: _____ Block: _____ Plan #: _____

3. Moving Details: (i.e. disposal / clean-up, route, etc.)

4. Applicant's Signature

My signature on this Application means I agree to comply with all requirements of the Town of La Ronge Building Bylaw and the National Building Code of Canada

Applicant: _____ Date: _____



Building Department use Only

Permit Fee _____	Inspector's Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipt/Invoice # _____	Building Inspector _____		
Pickup <input type="checkbox"/>			
Date Paid _____	Council Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment # _____	Date _____	Motion # _____	
Alternate # _____	Improve _____	Land Value _____	Land Use _____
SAMA <input type="checkbox"/>	COUNCIL REPORT <input type="checkbox"/>		

MOVING MUST BE COMPLETED WITHIN THREE MONTHS OF DATE OF PERMIT.