

**APPLICATION TO MOVE BUILDINGS OR EQUIPMENT OVER COUNTY ROADS**  
**Authorization - Ordinance 86-13**

**St. Lucie County Engineering Dept., Fort Pierce, Florida**  
**Telephone: (772) 462-1707, FAX: (772) 462-2362**

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:

COMPANY	REPRESENTATIVE 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	OFFICIALS 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.

\_\_\_\_\_ By: \_\_\_\_\_  
APPLICANTS NAME

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Driveway Permit No. \_\_\_\_\_ Moving Permit No. \_\_\_\_\_