

**APPLICATION FOR HOUSE MOVE PERMIT
 FREEBORN COUNTY HIGHWAY DEPARTMENT
 3300 Bridge Av
 Albert Lea MN 56007**

Phone: 507.377.5188 Fax: 507.377.5189

Permit Fee \$25.00

Name of Applicant		Address		Phone: Fax:	
Owner of Towing Equipment		Address		Owner of Load	
Insurance Company Covering Movement		Coverage		Policy No.	
Has permit been issued for movement over: State Highways? <input type="checkbox"/> Yes <input type="checkbox"/> No City/Twp <input type="checkbox"/> Yes <input type="checkbox"/> No					Permit No.
VEHICLE OR TOWING VEHICLE			TOWED VEHICLE OR TRAILED EQUIPMENT		
<input type="checkbox"/>	Truck	<input type="checkbox"/>	Auto	*****Plate/Unit #	<input type="checkbox"/>
<input type="checkbox"/>	Truck/Tractor	<input type="checkbox"/>	Other	Check Type	<input type="checkbox"/>
				<input type="checkbox"/>	Semi Trailer
				<input type="checkbox"/>	House Trailer
				<input type="checkbox"/>	Other
LOAD INFORMATION					
Object or Material		Size/Model No.		Weight of Load (9 ton/axle max)	
Overall Dimensions Including Towing Vehicle		Width	Length	Height	
MOVEMENT INFORMATION					
Movement From			Movement To		
Entire Route: _____ _____ _____					
Movement to be during Date(s) of			Movement Hours		
Has permit been issued for final location? <input type="checkbox"/> Yes <input type="checkbox"/> No Section Township Range			Planning, Inspections & Environmental Health Permit No.		
I (we) certify that the above information is correct. If granted this permit, I (we) do hereby agree to comply with the regulations on the reverse side of this permit and with Minnesota Statutes, Chapter 160.26, Moving Buildings Over Highways.					
Applicant's Signature			Date	Building Movers License No.	
AUTHORIZATION OF MOVEMENT (TO BE COMPLETED BY PERMIT OFFICE)					
TRANSPORTATION PERMIT PERMISSION FOR THIS MOVEMENT IS HEREBY GRANTED subject to compliance with the provisions of the Minnesota Highway Traffic Regulations Act, and under the terms, conditions and restrictions contained herein and is subject to revocation upon non-compliance.					
SPECIAL REQUIREMENTS: <u>Must be a licensed Minnesota Building Mover.</u> _____ _____ _____					
APPROVAL IS FOR COUNTY ROADS ONLY PLEASE REVIEW THE RESPONSIBILITY CONDITIONS.					
Date	Authorized Signature Freeborn County Highway Department				
THIS PERMIT SHALL BE CARRIED IN VEHICLE DURING THE ABOVE MOVEMENT					