

Move Permit Application

Applicant Name: Email: Mailing Address:	Phone #:					
	Plan No.: Ext.:					
·						
Quarter: Section:	Township: Range: W2					
1 Dranauty Owner Information (if different from a	anlicant)					
1. Property Owner Information (if different from applicant)						
•	DO 'a Dhana Hi					
P.O.'s Email: P.O.'s Phone #:						
P.O.'s Mailing Address:						
2. Contractor Information (if different from applicant)						
Contractor's Name:						
Contractor's Email: Contractor's Phone #:						
Contractor's Mailing Address:						
Please contact the RM Office before your move to arrange a building inspection						
and review permit requirements.						
3. Move Information - Current Location						
Civic Address of Current Building Location (if different from above):						
Legal Land Description of Current Building Location (if different from above):						
4. Move Information - Future Location						
Civic Address of Future Building Location:						
Legal Land Description of Future Building Location	in:					



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5.	Building Information						
Вι	uilding Dimensions - Length:	Heigh	ıt:				
Pr	Proposed route for move (attach map if necessary):						
6.	Permit Conditions						
Permission is hereby granted to to mov			move a(n)				
fro	om civic address (legal land descrip	tion)					
to	civic address (legal land descriptio	n)					
in	accordance with all developer and	municipal regulations and t	he following con	ditions:			
1.	That all necessary provincial and municipal permits are obtained from each municipality affected for the safe and efficient tranportation of the structure.						
2.	The site shall be remediated to its pre-development condition and to the satisfaction of the RM of Edenwold. The applicant shall contact the RM to arrange a site visit once remediation is complete.						
3.	For structures requiring a building permit, there will be a regular schedule for inspections by the building official. The applicant is responsible for scheduling these inspections as the work progresses.						
Αŗ	oplicant Signature:		Date:				
Development Officer Signature:			Date:				
	Date Fee : Rece	ce Use Only e Received: Submitted: eipt #: mit #:					