



**PERMIT FOR EXTRAORDINARY TRAFFIC**

Pursuant to Articles 5.22-5.25 Section 5 of the City of Port Alberni Traffic Regulation Bylaw No. 4670, 2009, the following person is permitted to move the described vehicle on City streets via the route indicated.

Name of Applicant: (Print clearly) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Vehicle Description and License No: \_\_\_\_\_

Date of Move: \_\_\_\_\_ Time of Move: \_\_\_\_\_

(permit valid only for this date)

Start Location: \_\_\_\_\_ Destination (address): \_\_\_\_\_

Approved Route (Print clearly): \_\_\_\_\_

**EXEMPTION REQUIRED FOR (check all that apply):**

- Height
- Length
- Width
- Weight
- Vehicle Type

**SPECIAL CONDITIONS:** (see conditions on reverse)

I _____ agree to comply with the terms and conditions of this permit. <div style="text-align: center; margin-top: 5px;"><b>(signature of applicant)</b></div>	Date: _____
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Permit Fee: **\$50.00**

All permits **MUST** be approved by the City Engineer or designate. Zoning and Building restrictions may apply. For transportation / moving of a mobile home into or within city limits this permit **MUST** be approved by the Planning and Building Department prior to issue.

**Permit approved by: (Signatures)**

Manager of Planning:	Date: _____
City Building Inspector:	Date: _____
Director of Engineering & Public Works:	Date: _____

**THIS PERMIT IS NOT TRANSFERABLE**

cc: RCMP, PAFD, Finance, Planning, Building Inspector, BC Ambulance  
\*\* FOR MOBILE HOME RELOCATION ONLY – cc: Assistant Collector/Accountant, Building Inspector, Planning Technician