



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;">(signature of applicant)</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