

PERMIT # _____

SEMINOLE COUNTY HOUSE/OVERSIZE STRUCTURE MOVE PERMIT

FIRM NAME: _____ BUSINESS PHONE: _____

ADDRESS: _____ EMERGENCY PHONE: _____

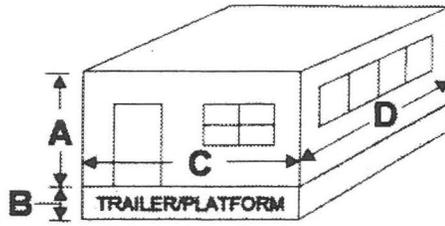
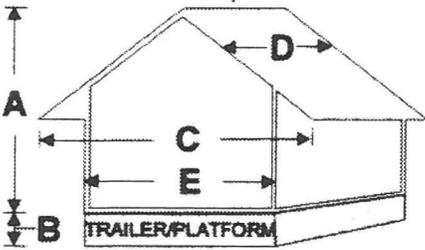
LICENSE #: _____ CONTACT NAME: _____

ORIGIN OF MOVE: _____ DESTINATION OF MOVE: _____

TOTAL DISTANCE: _____ **ATTACH DETAILED ROUTE OF MOVE**

DATE OF MOVE: _____ DAYTIME (9:00AM-4:00PM) NIGHTTIME(11:30PM-5:30AM)

PEAKED ROOF FLAT ROOF OTHER (ATTACH DETAIL INCL. DIMENSIONS)



A _____
B _____
C _____
D _____
E _____

INDICATE ANY PROJECTING STRUCTURES(CHIMNEY,ETC.)

TYPE OF STRUCTURE (FRAME,BLOCK,ETC.): _____ GROSS WT.(STRUCTURE,EQUIP. INCL.): _____

	YES	NO	LOCATION(S)
1) WILL MOVE CROSS ANY RAILROAD?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) WILL MOVE CROSS ANY BRIDGE?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) WILL MOVE CROSS ANY CONSTRUCTION ZONE?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) WILL MOVE REQUIRE ANY TREE TRIMMING?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) WILL MOVE AFFECT ANY TRAFFIC SIGNALS?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) WILL MOVE REQUIRE POLICE ESCORT?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) WILL ANY OTHER PERMITS BE REQUIRED? (IF SO,LIST AGENCIES)	<input type="checkbox"/>	<input type="checkbox"/>	_____

- IT IS THE CONTRACTORS RESPONSIBILITY TO:
1. NOTIFY THE RAILROAD COMPANY IF APPLICABLE, CSX 1-800-232-0142 OR FL.CENTRAL RAILROAD 407-880-8500.
 2. MAKE ARRANGEMENTS FOR AND ACQUIRE LAW ENFORCEMENT ESCORT WHEN NEEDED.
 3. NOTIFY SEMINOLE COUNTY PUBLIC SAFETY DISPATCH AND ALL AFFECTED AGENCIES' EMERGENCY DISPATCH 24 HRS. PRIOR TO MOVE.

THE CONTRACTOR AGREES TO REIMBURSE SEMINOLE COUNTY FOR ALL LABOR,EQUIPMENT,AND MATERIAL COSTS INCURRED DURING MOVE,INCLUDING,BUT NOT LIMITED TO TRAFFIC SIGNAL ADJUSTMENTS,SIGN REMOVALS,TREE TRIMMING,CLEAN-UP OF DEBRIS,ETC.

NAME(PRINT): _____ SIGNATURE: _____ DATE: _____

OFFICE USE ONLY		
PERMIT FEE: _____	TYPE OF PAYMENT: _____	PERMIT EXPIRES: _____
APPROVED BY: _____	DATE: _____	
SPECIAL PROVISIONS: CONTRACTOR IS RESPONSIBLE		FOR: RESTORATION OF
RIGHT-OF-WAY DAMAGE.		