



BUILDING ROUTING REQUEST FORM

Building Mover

Name _____ Address _____

Cell Phone _____

Moving Date _____ Building Owner _____

Location

Original Location Address _____

Final Location Address _____

Height _____ Width _____ Length _____

Route

Escort Required: Yes _____ No _____ If Yes: Police _____ Private _____

Route Authorization by Traffic Engineer / or Authorized Representative

Signature _____ Date _____

City Building Inspector/ or Authorized Representative (Required when final destination is within the City of Bismarck)

Signature _____ Date _____

Utilities – Height > 14.0 feet

Century Link

Signature _____

Date _____

Midcontinent Cable TV

Signature _____

Date _____

Police Dept/Traffic Division

Signature _____

Date _____

City Forester

Signature _____

Date _____

Montana-Dakota Utilities

Signature _____

Date _____

Capital Electric

Signature _____

Date _____

Other _____

Signature _____

Date _____

W/Traffic/forms

Permit Authorization by Traffic Engineer / or Authorized Representative

Signature _____

Date _____