



Complete this form
Fax or email back to the City of
Bismarck: (engineering@bismarcknd.gov)
Subject line "Traffic Section."

Engineering Department

BUILDING ROUTING REQUEST FORM

Building Mover

Name _____ Address _____

NDDOT Permit # _____

Moving Date _____ Building Owner _____

Location

Original Location Address _____

Final Location Address _____

Height _____ Width _____ Length _____

Route

Escort Required: _____ If Yes: _____

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 _____