



City of Boulder Planning and Development Services Center

PMT _____

Date _____

OVERSIZE MOVE ON CITY STREETS PERMIT APPLICATION (B.R.C. 7-3-3)

Revised May 2016

PRIMARY CONTACT/CONTRACTOR

Company: _____

Primary Contact*: _____

Company Address: _____

24 hr/ Primary Phone: _____

E-mail: _____

EXACT LOCATION AND DESCRIPTION

Having obtained the necessary clearances as attested to on the application, the permittee requests to move

_____ (Describe item to be moved)

Height: _____

Length: _____

Width: _____

Weight: _____

on this date(s) _____

along this route _____

during these times _____

*Pilot car(s) proposed: _____

Other restrictions: _____

*I, the undersigned, declare under penalty of perjury and any other applicable State or Federal Laws, that all information proved on this form and any submitted attachments is to the best of my knowledge true, accurate and complete

X _____
Applicant Signature

Date