



Community Services Building
 3001 32 Avenue, Vernon BC V1T 2L8
 (250) 550-3634 Fax: (240) 545-5309
buildingcounter@vernon.ca
www.vernon.ca

MOVING PERMIT APPLICATION

OFFICE USE ONLY

Application Received Date: _____

Permit No: _____

Folio: _____

"My City" Access Code: _____

Fee: [Refer to Fees and Charges Bylaw](#)

The [Building Bylaw](#) states an application for a moving permit to move a building shall be made in the form established and prescribed by the City and shall contain sufficient information to satisfy a building official that the proposed work will comply with the requirements of section 17 of this Bylaw.

NAME OF APPLICANT:		PHONE:
ADDRESS OF APPLICANT:		EMAIL:
NAME OF OWNER(S): (IF DIFFERENT FROM APPLICANT)		PHONE:
ADDRESS OF OWNER:		EMAIL:
BUILDING TYPE:	<input type="checkbox"/> Residential: <input type="checkbox"/> Commercial: Other: _____ Age: ____ Height: _____	
OTHER PERMITS REQUIRED:	<input type="checkbox"/> Tree Removal <input type="checkbox"/> New Building <input type="checkbox"/> Service Connection	
DAMAGE TO MUNICIPAL WORKS:	<input type="checkbox"/> Owner or Agent Signature required on Attached Document	
MOVING FROM:		
LEGAL DESCRIPTION:		
MOVING TO:		
LEGAL DESCRIPTION:		
DATE OF MOVE:		
DETAILS:	To be moved in _____ piece(s) Height Clearance Required: _____	
SITE PLAN:	Showing Location of Building on New Property	

I/We propose to move the subject building on _____, between the hours of _____am/pm and _____am/pm. I/We have attached a map showing the route upon which the move will take place, and have presented a bond (refer to [Fees and Charges Bylaw](#)) to cover all costs incurred by the City of Vernon as a result of the relocation of the subject building. I/WE ACCEPT full responsibility for any and all liability and/or damage which may result directly or indirectly from the relocation of the subject building.

APPLICANT SIGNATURE

PRINT APPLICANT NAME

DATE

***IF THE APPLICANT IS NOT THE PROPERTY OWNER, AN APPOINTMENT OF AGENT FORM MUST BE ATTACHED.**

Personal information is collected for the purposes of processing your moving permit application. The City of Vernon is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at foirequest@vernon.ca or 250-545-3491.

CITY OF VERNON - MOVING PERMIT APPLICATION

PERMIT NO: _____

AS A CONDITION OF THIS PERMIT, THE APPLICANT IS RESPONSIBLE FOR OBTAINING APPROVAL OF THE FOLLOWING AGENCIES AND RETURNING SAME TO CITY OF VERNON:

		APPROVED	DATE
City of Vernon – Utilities	250-549-3620		
City of Vernon – Roads	250-549-6757		
Vernon Weigh Scale	250-549-4728		
Fortis Gas	1-888-224-2710		
BC Hydro	250-549-8614 or 250-306-2949		
Telus	1-800-663-3330		
Shaw Cable	250-260-4660		
RCMP(non-emergency)	250-545-7171		
Fire Department	250-542-5361		
Ambulance			

OFFICE USE ONLY

COMMENTS:

ISSUE DATE: _____

APPROVED BY: _____
BUILDING MANAGER

REV: MAR 2023