



**CITY OF SWIFT CURRENT
PLANNING & GROWTH DEVELOPMENT**

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APPLICATION FOR MOVING PERMIT

Owner: _____

Owner's Address: _____

Street _____ City _____

Postal Code _____ Phone _____

Building Mover: _____

Mover's Address: _____

Street _____ City _____

Postal Code _____ Phone _____

Present Address of Building to be Moved: _____

Legal Description: Lot _____ Block _____ Plan _____

Address Building to be Moved to: _____

Legal Description: Lot _____ Block _____ Plan _____

Infill approved: _____

CLEARANCE MUST BE OBTAINED FROM EACH OF THE AGENCIES LISTED ON THE ATTACHED ROUTE MAP BEFORE A MOVING PERMIT WILL BE ISSUED.

Route description:

From: _____ Direction: _____ To: _____

Then, Direction: _____ To: _____

Then, Direction: _____ To: _____

Then, Direction: _____ To: _____

Then, Direction: _____ To: _____

Signature of Applicant

Date

Date received at Building Dept: _____ By: _____

ANY OMISSION WILL CAUSE DELAYS IN THE PROCESSING OF YOUR PERMIT

NO BUILDING MOVING MAY COMMENCE PRIOR TO ISSUANCE OF A MOVING PERMIT